## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000769

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FILED Jul 02, 2007 Secretary of State

Entity Name: AGAPE VILLAGE, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 1916 HIGHVIEW DRIVE PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 1916 HIGHVIEW DRIVE PALM HARBOR, FL 34683 FEI Number: 04-3815113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOTHROP, MONICA V ESQ VONDRUSKA, MONICA V ESQ. 5300 BAYSHORE BOULEVARD 27911 CROWN LAKE BLVD. SUITE 201 TAMPA, FL 33611 US BONITA SPRINGS, FL 34135 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MONICA VONDRUSKA 07/02/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RINEHART, A. LORI Name: Name: 1916 HIGHVIEW DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: SCHLEE ALEONG, MICHELE E Name: RINEHART, DANIEL W Address: 11354 STRATTON PARK DRIVE Address: 1916 HIGHVIEW DRIVE City-St-Zip: TAMPA, FL 33617 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change () Addition LOTHROP, MONICA V ESQ. Name: Name: 5300 BAYSHORE BOULEVARD, C-3 Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: RINEHART, A. LORI Name: Address: 1916 HIGHVIEW DRIVE Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: Title: ( ) Delete () Change () Addition PATRICK, MAUREEN E LMT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: A. LORI RINEHART PRES 07/02/2007

14099 BELCHER ROAD S.

LARGO, FL 33771

Address: City-St-Zip: