

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002824

FILED
Apr 22, 2008
Secretary of State

Entity Name: AGAPE CHRISTIAN SCHOOL OF SARASOTA, INC.

Current Principal Place of Business:

150 NORTH SHADE AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

150 NORTH SHADE AVE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 32-0144019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CINDY
2190 LENA LANE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, CINDY
Address: 2190 LENA LANE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: WHEATLEY, LAURIE
Address: 15308 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: SHOWALTER, CYNTHIA
Address: 6507 E 67 DR
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: ROBBINS, EUGENE
Address: 133 LIME STREET
City-St-Zip: SARASOTA, FL 34237

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHOWALTER, CYNTHIA
Address: 4101 TAGGART CAY N #103
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BOWMAN, KEVIN
Address: 2705 BAY ST
City-St-Zip: SARASOTA, FL 34237

Title: D () Change (X) Addition
Name: BOWMAN, ANDREA
Address: 2705 BAY ST
City-St-Zip: SARASOTA, FL 34237

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.

SIGNATURE: CINDY MILLER

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date