2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000002824

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 (X)**

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:	4101 TAGGART CAY N #103	
City-St-Zip:	SARASOTA, FL 34233	
Title:	D	( ) Delete
Name:	ROBBINS, EUGENE	
Address:	133 LIME STREET	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	BOWMAN, KEVIN	
Address:	2705 BAY ST	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	BOWMAN, ANDREA	
Address:	2705 BAY ST	
City-St-Zip:	SARASOTA, FL 34237	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CYNTHIA SHOWALTER DIRE 04/20/2009

Electronic Signature of Signing Officer or Director — Date