2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009784

FILED May 05, 2009 Secretary of State

Entity Name: AGAPE COMMUNITY ADVANCEMENT CENTER, INC.

1 B	Nineta I Blace of Bestevan	N D-i	in al Diagon of Brooking	
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
9225 BAY PLAZA BLVD., SUITE 417 TAMPA, FL 33619		SUITE E	3802 SUGAR PALM DRIVE SUITE E TAMPA, FL 33619	
Current Mailing Address:		New Mailing Address:		
9225 BAY PLAZA BLVD., SUITE 417 TAMPA, FL 33619		3802 SUGAR PALM DRIVE SUITE E TAMPA, FL 33619		
	r: 26-3586539 FEI Number Applied For () FEI N nce with s. 607.193(2)(b), F.S., the corporation did not receiv	Number Not App ve the prior notic		
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
n the Stat	e named entity submits this statement for the purpose e of Florida. RE:	e of changing i	is registered office or registered agent, or bot	
n the Stat	e of Florida.	e of changing i	is registered office or registered agent, or bot Date	
n the Stat	e of Florida. ************************************			
n the Stat	re of Florida. RE: Electronic Signature of Registered Agent		Date	
n the Stati BIGNATU DFFICER Title: Idame: Iddress: City-St-Zip: Title: Idame: Iddress:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete DAVIS, ANICA 6235 CRICKETHOLLOW DR	ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO	
n the Stati SIGNATU DFFICER Title: Name: Address:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete DAVIS, ANICA 6235 CRICKETHOLLOW DR RIVERVIEW, FL 33569 D () Delete ROBINSON, TRACY 2637 BROOKVILLE DR	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition	

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: JANET LYNN GRADDY O 05/05/2009