

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2004
Secretary of State**

DOCUMENT# N96000000434

Entity Name: AGAPE OUTREACH CENTER INC.

Current Principal Place of Business:

7557 ARLINGTON EXPWY
JACKSONVILLE, FL 32277

New Principal Place of Business:

1503 DOUGLAS STREET
JACKSONVILLE, FL 32211

Current Mailing Address:

3203 ROGERO RD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3360443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, MARTINEZ
3203 ROGERO RD
JACKSONVILLE, FL 32277 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: CP () Delete
Name: HAYES, MARTINEZ
Address: 3203 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: SANFORD, SHEILA P
Address: 87 DONNER RD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: BARTLEY, ARMISHA
Address: 843 ALDERMAN RD #371
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: HAYES, KIMBERLY S
Address: 3203 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32277

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLY S. HAYES

SEC

05/02/2004

Electronic Signature of Signing Officer or Director

Date