

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000434

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: AGAPE OUTREACH CENTER INC.

**Current Principal Place of Business:**

1329 FRANCES STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**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 (X) Delete  
Name: CLARK, JANICE  
Address: 8388 BYRON CT  
City-St-Zip: JACKSONVILLE, FL 32244

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 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: MARTINEZ HAYES

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date