2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002423

FILED May 12, 2005 Secretary of State

Entity Name: SAINT LUCIE COUNTY AGAPE SENIOR CITIZEN RECREATIONAL CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 809 N. 9TH ST FT. PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 809 N. 9TH ST FT. PIERCE, FL 34950 FEI Number: 65-0668444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BANKS, LMARTHA BANKS, MARTHA J MRS. 2316 JÓ HAYWOOD DR 2316 JÓ HAYWOOD DR US FT PIERCE, FL 34946 US FT PIERCE, FL 34946 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: MARTHA J BANKS 05/12/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BANKS, TREVOR BANKS, TREVOR R MR Name: Name: Address: 2316 JO HAYWOOD DR Address: 2316 JO HAYWOOD DR City-St-Zip: FT PIERCE, FL City-St-Zip: FT PIERCE, FL Title: () Delete Title: () Change () Addition Name: BANKS, MARTHA Name: Address: 2316 JO HAYWOOD DR Address: City-St-Zip: FT PIERCE, FL City-St-Zip: Title: ΑD () Delete Title: () Change () Addition LEWIS, ALICE Name: Name: 905 HICKORY ST Address: Address: City-St-Zip: FT PIERCE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: WASHINGTON, MINNIE Name: Address: 681 SW EWING AVENUE Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: () Delete Title: () Change (X) Addition COOPER, BRENDA Name: Name: 5838 HONEYBELL COURT Address: Address: FORT PIERCE, FL 34982 City-St-Zip: 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.

VΡ SIGNATURE: MARTHA J BANKS 05/12/2005