

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002423

FILED
Apr 12, 2007
Secretary of State

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

Current Principal Place of Business:

809 N. 9TH ST
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

809 N. 9TH ST
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0668444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, MARTHA J MRS.
405 IXORIA AVENUE
FT PIERCE, FL 34982 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: P () Delete
Name: BANKS, TREVOR R MR
Address: 2316 JO HAYWOOD DR
City-St-Zip: FT PIERCE, FL

Title: V () Delete
Name: BANKS, MARTHA
Address: 2316 JO HAYWOOD DR
City-St-Zip: FT PIERCE, FL

Title: AD () Delete
Name: LEWIS, ALICE
Address: 905 HICKORY ST
City-St-Zip: FT PIERCE, FL

Title: D () Delete
Name: WASHINGTON, MINNIE
Address: 681 SW EWING AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: COOPER, BRENDA
Address: 5838 HONEYBELL COURT
City-St-Zip: FORT PIERCE, FL 34982

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MATHA BANKS

V

04/12/2007

Electronic Signature of Signing Officer or Director

Date