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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000158 (2)

1. Corporation Name

AGAPE HOME, INC.

Principal Place of Business	Mailing Address
3 AVENUE J MOORE HAVEN FL 33471	P.O. BOX 1253 MOORE HAVEN FL 33471

3. Date Incorporated or Qualified: 01/06/1997

4. FEI Number: 65-0721743 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUEL, FREDDY W 3 AVENUE J MOORE HAVEN FL 33471	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	COUSE, MILLER		1.2 NAME	Tuel, Freddy W.	
STREET ADDRESS	227 E. CRESCENT DR.		1.3 STREET ADDRESS	3 Ave J PO Box 1253	
CITY-ST-ZIP	CLEWISTON FL 33440		1.4 CITY-ST-ZIP	Moore Haven FL 33471	
TITLE	D	☐ DELETE	2.1 TITLE	S/T/D	☐ Change ☑ Addition
NAME	COUSE, TONI		2.2 NAME	Tuel, Deborah A.	
STREET ADDRESS	227 E. CRESCENT DR.		2.3 STREET ADDRESS	3 Ave J PO Box 1253	
CITY-ST-ZIP	CLEWISTON FL 33440		2.4 CITY-ST-ZIP	Moore Haven FL 33471	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FORBES, JIM		3.2 NAME	Lamberti, Rico	
STREET ADDRESS	201 W. DELMONTE AVE.		3.3 STREET ADDRESS	2341 SE 27 St	
CITY-ST-ZIP	CLEWISTON FL 33440		3.4 CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	FORBES, JANICE		4.2 NAME	Lamberti, Vicki	
STREET ADDRESS	201 W. DELMONTE AVE.		4.3 STREET ADDRESS	2341 SE 27 ST	
CITY-ST-ZIP	CLEWISTON FL 33440		4.4 CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	D	☐ DELETE	5.1 TITLE	V/D	☑ Change ☐ Addition
NAME	GARDNER, H. ROY		5.2 NAME	Forbes, Jim	
STREET ADDRESS	37100 HIGHWAY 441 NORTH		5.3 STREET ADDRESS	201 W. Delmonte Ave	
CITY-ST-ZIP	OKEECHOBEE FL 34972		5.4 CITY-ST-ZIP	Clewiston FL 33440	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, BARBARA J		6.2 NAME		
STREET ADDRESS	37100 HIGHWAY 441 NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Freddy W. Tuel V/D 5/15/98

CR2E037 (10/97)