

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90023 033 ****61.25

DOCUMENT # N97000000158

1. Corporation Name

AGAPE HOME, INC.

Principal Place of Business

3 AVENUE J
MOORE HAVEN FL 33471

Mailing Address

P.O. BOX 1253
MOORE HAVEN FL 33471



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

65-0721743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TUEL, FREDDY W
3 AVENUE J
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COUSE, MILLER
STREET ADDRESS 227 E. CRESCENT DR.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D
NAME COUSE, TONI
STREET ADDRESS 227 E. CRESCENT DR.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D
NAME FORBES, JIM
STREET ADDRESS 201 W. DELMONTE AVE.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D
NAME FORBES, JANICE
STREET ADDRESS 201 W. DELMONTE AVE.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD
NAME FORBES, JIM
STREET ADDRESS 201 W DELMONTE AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D
NAME GARDNER, BARBARA J
STREET ADDRESS 37100 HIGHWAY 441 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. D
1.2 NAME Freddy W. Tuel
1.3 STREET ADDRESS 3 Ave. J P.O. Box 1253 original
1.4 CITY-ST-ZIP Moore Haven, FL 33471

2.1 TITLE Sec. Tres. D
2.2 NAME Tuel Deborah A
2.3 STREET ADDRESS 3 Ave. J P.O. Box 1253 original
2.4 CITY-ST-ZIP Moore Haven, FL 33471

3.1 TITLE D
3.2 NAME Lamberti Rico
3.3 STREET ADDRESS 2341 SE 27 St. original
3.4 CITY-ST-ZIP Okeechobee, FL 34974

4.1 TITLE D
4.2 NAME Lamberti Vicki
4.3 STREET ADDRESS 2341 SE 27 St. original
4.4 CITY-ST-ZIP Okeechobee, FL 34974

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Freddie W. Tuel 5/15/99 941 946 2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)