


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # N97000000158 1. Entity Name AGAPE HOME, INC.	
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Principal Place of Business 3 AVENUE J MOORE HAVEN, FL 33471	Mailing Address P.O. BOX 1253 MOORE HAVEN, FL 33471
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0721743	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUEL, DEBORAH
3 AVENUE J
MOORE HAVEN, FL 33471**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSE, MILLER 227 E. CRESCENT DR. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUSE, TONI 227 E. CRESCENT DR. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUEL, DEBORAH A 3 AVE J MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, JANICE 201 W. DELMONTE AVE. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORBES, JIM DOCTOR 201 W DELMONTE AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, DON PASTOR 940 PONDELLA RD FORT MYERS, FL 33903

U000000824928
02/20/08-80099-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah A. Tuel Deborah A. Tuel 2-08-08 863-946-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #