

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000158

FILED
Jun 09, 2003
Secretary of State

Entity Name: AGAPE HOME, INC.

Current Principal Place of Business:

3 AVENUE J
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1253
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0721743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUEL, DEBORAH
3 AVENUE J
PO BOX 1253
MOORE HAVEN, FL 33471

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: D () Delete
Name: COUSE, MILLER
Address: 227 E. CRESCENT DR.
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: COUSE, TONI
Address: 227 E. CRESCENT DR.
City-St-Zip: CLEWISTON, FL 33440

Title: PD () Delete
Name: TUEL, DEBORAH A
Address: 3 AVE J PO BOX 1253
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: FORBES, JANICE
Address: 201 W. DELMONTE AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: VD () Delete
Name: FORBES, JIM
Address: 201 W DELMONTE AVE
City-St-Zip: CLEWISTON, FL 33440

Title: TD () Delete
Name: VAN SICKLE, DEBORAH
Address: 101 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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.

SIGNATURE: DEBORAH A. TUEL

P

06/09/2003

Electronic Signature of Signing Officer or Director

Date