2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003003

Entity Name: AGAPE OUTREACH PROGRAMS, INC.

FILED Sep 13, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	BREATH RD VILLE, FL 3460	1			
Current Mailing Address:			New Mailing Address:		
	BREATH RD VILLE, FL 3460	1			
FEI Number: 59-3448835 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired (X)		
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	IAMES F BREATH RD VILLE, FL 3460	1 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DRA () MILLER, JAMES 4460 CULBREA BROOKSVILLE,	TH ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LEWIS, JOHN E 21362 HEATHEI APOPKA, FL 32	R OAK DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CLARKSON, STACIE A 4400 CULBREATH ROAD BROOKSVILLE, FL 34601	
Title: Name: Address: City-St-Zip:	D () CLARKSON, ST 4400 CULBROA BROOKSVILLE,	TH ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MILLER, DALE V 4460 CULBREATH ROAD BROOKSVILLE, FL 34601	
Title: Name: Address: City-St-Zip:	D (X) MILLER, DALE 1 4460 CULBREA BROOKSVILLE,	TH RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) LEWIS, KATHY 21362 HEATHEI APOPKA, FL 32		Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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: JAMES F. MILLER DRA 09/13/2002