

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006069 (5)**

1. Corporation Name

**AGAPE CONSULTANTS, INC.**



Principal Place of Business	Mailing Address
5864 TRIPHAMMER ROAD LAKE WORTH FL 33463	5864 TRIPHAMMER ROAD LAKE WORTH FL 33463

3. Date Incorporated or Qualified

**10/27/1997**

4. FEI Number

**65-0795718**

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARSWELL, KENNETH L  
5864 TRIPHAMMER ROAD  
LAKE WORTH FL 33463**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARSWELL, KENNETH	
STREET ADDRESS	5864 TRIPHAMMER ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jeffery L. Ivory</b>	
1.3 STREET ADDRESS	<b>2448 Crawford Ct.</b>	
1.4 CITY-ST-ZIP	<b>Lantana FL 33463</b>	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARSWELL, JACQUELINE R	
STREET ADDRESS	5864 TRIPHAMMER ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	

2.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Grace K Ivory</b>	
2.3 STREET ADDRESS	<b>2448 Crawford Ct.</b>	
2.4 CITY-ST-ZIP	<b>Lantana FL 33463</b>	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWMILLER, CHARLES	
STREET ADDRESS	13558 24TH CT. N.	
CITY-ST-ZIP	LOXAHATCHE FL 33407	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Car Swell **ONLINE REQUIRED** Car Swell 1-21-98 561-641-9185

CR2E037 (10/97)