

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000005967

1. Entity Name
**VANESE AGAPE FAMILY SERVICE AND LEARNING
CENTER, INC.**



Principal Place of Business
**5040 CRAIG ROAD
COCOA, FL 32926**

Mailing Address
**5040 CRAIG ROAD
COCOA, FL 32926**



04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3537523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAIG, PATRICIA A
5040 CRAIG ROAD
COCOA, FL 32926**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CRAIG, PATRICIA ANN
5040 CRAIG ROAD
COCOA, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HENDERSON, JACQUELINE
980 BAYBERRY LANE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CRAIG, LARRY M
1040 GINNY LANE
RIVERDALE, GA 30296**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAIG, HELEN
6006 LONG PEAK DRIVE
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CARPENTER, CATHERINE
10221 NEVERSINK COURT
ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMONS, AYANNA
5040 CRAIG ROAD
COCOA, FL 329262526**

U00000735187
05/10/07-80024-003 61.25

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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: *Patricia A. Craig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07
Date

321-537-1229
Daytime Phone #