2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N98000005967

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

Current Principal Place of Business:

5040 CRAIG ROAD
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

5040 CRAIG ROAD
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3537523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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:	PD	( ) Delete
Name:	CRAIG, PATRICIA ANN	
Address:	5040 CRAIG ROAD	
City-St-Zip:	COCOA, FL 32926	
Title:	SD	( ) Delete
Name:	HENDERSON, JACQUELINE	
Address:	980 BAYBERRY LANE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	PD	( ) Delete
Name:	CRAIG, LARRY M	
Address:	1040 GINNY LANE	
City-St-Zip:	RIVERDALE, GA 30296	
Title:	D	( ) Delete
Name:	CRAIG, HELEN	
Address:	6006 LONG PEAK DRIVE	
City-St-Zip:	ORLANDO, FL 32810	
Title:	TD	( ) Delete
Name:	CARPENTER, CATHERINE	
Address:	10221 NEVERSINK COURT	
City-St-Zip:	ORLANDO, FL 32817	
Title:	D	( ) Delete
Name:	SIMMONS, AYANNA	
Address:	5040 CRAIG ROAD	
City-St-Zip:	COCOA, FL 329262526	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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 exemption stated 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 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: PATRICIA A CRAIG RA 05/15/2008

Electronic Signature of Signing Officer or Director — Date