

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005967

FILED  
Apr 30, 2009  
Secretary of State

**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:**

4419 RENA ROAD  
204  
SUITLAND, MD 20746

**FEI Number:** 59-3537523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date