

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005967

FILED
Apr 26, 2011
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:

4419 RENA ROAD
204
SUITLAND, MD 20746

New Mailing Address:

FEI Number: 59-3537523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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
Name: CRAIG, PATRICIA ANN
Address: 5040 CRAIG ROAD
City-St-Zip: COCOA, FL 32926

Title: SD
Name: HENDERSON, JACQUELINE
Address: 980 BAYBERRY LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD
Name: CRAIG, LARRY M
Address: 1040 GINNY LANE
City-St-Zip: RIVERDALE, GA 30296

Title: D
Name: CRAIG, HELEN
Address: 6006 LONG PEAK DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: TD
Name: CARPENTER, CATHERINE
Address: 10221 NEVERSINK COURT
City-St-Zip: ORLANDO, FL 32817

Title: D
Name: SIMMONS, AYANNA
Address: 5040 CRAIG ROAD
City-St-Zip: COCOA, FL 329262526

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA ANN CRAIG

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date