2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# N98000006457

Entity Name: AGAPE COMMUNITY HEALTH CORPORATION

Current Principal Place of Business:

22980 LYNX COURT
SORRENTO, FL 32776

New Principal Place of Business:

460 NORTH GRANDVIEW AVENUE
MOUNT DORA, FL 32757

Current Mailing Address:

PO BOX 433
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 22-3615490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WILSON, PATRICIA
22980 LYNX COURT
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

WILSON, PATRICIA
460 NORTH GRANDVIEW AVENUE
MOUNT DORA, FL 32757 US

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: PATRICIA WILSON 03/20/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILSON, AYANNA
Address: 22980 LYNX COURT
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete
Name: MITCHELL, RONALD
Address: 5919 TINTO LANE
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: EMILYN, MARK
Address: 32709 WOLF'S TRAIL
City-St-Zip: SORRENTO, FL 32776

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AYANNA WILSON D 03/20/2005
Electronic Signature of Signing Officer or Director Date