


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90058 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006742

1. Corporation Name

AGAPE GROUP HOME, INC.

Principal Place of Business

8662 FIRST AVENUE
JACKSONVILLE FL 32208

Mailing Address

8662 FIRST AVENUE
JACKSONVILLE FL 32208

5 5 8 3 6 2 - 9 0 0 2 5 - 2 9



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/30/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3539214
24 Country	29 Country	5. Certificate of Status Desired
25	30	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, KATHY
8662 FIRST AVENUE
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, KATHY	1.2 NAME	WARREN, KATHY
STREET ADDRESS	8662 FIRST AVENUE	1.3 STREET ADDRESS	8662 FIRST AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, MATTHEW	2.2 NAME	BOSTON, MATTHEW
STREET ADDRESS	8662 FIRST AVENUE	2.3 STREET ADDRESS	8662 FIRST AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISSETT, NATALIE	3.2 NAME	GRISSETT, NATALIE
STREET ADDRESS	8662 FIRST AVENUE	3.3 STREET ADDRESS	8662 FIRST AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32208	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)