

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006481

Entity Name: AGAPE CHIROPRACTIC, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

500 SOUTH CYPRESS ROAD
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

421 SE 4TH AVE.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1089282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, AMANDA
421 SE 4TH AVE
POMPANO BEACH, FL 33060 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALEY, AMANDA
Address: 421 SE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: HALEY, MICHAEL
Address: 421 SE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HALEY

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date