

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006481

FILED
Apr 20, 2010
Secretary of State

Entity Name: AGAPE CHIROPRACTIC, INC.

Current Principal Place of Business:

500 SOUTH CYPRESS ROAD
POMPANO BEACH, FL 33060

New Principal Place of Business:

500 SOUTH CYPRESS ROAD
SUITE #4
POMPANO BEACH, FL 33060

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
Name: HALEY, AMANDA
Address: 421 SE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

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

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

SIGNATURE: AMANDA HALEY

PRES

04/20/2010

Electronic Signature of Signing Officer or Director

Date