

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000050731

FILED
Jul 02, 2009
Secretary of State

Entity Name: AGAPE ANIMAL CENTER OF WEWAHITCHKA INC.

Current Principal Place of Business:

1336 HWY 22
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 702
WEWAHITCHKA, FL 32465 US

New Mailing Address:

390 S TYNDALL PKWY
300
PANAMA CITY, FL 32404 US

FEI Number: 76-0830862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYAS, ALBERT A DR.
1506 THURSO RD.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

BYAS, ALBERT A DR.
1614 FAIRLAND AVE
PANAMA CITY, FL 32404 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: AAB

07/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BYAS, ALBERT
Address: 1506 THURSO RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: S/T () Delete
Name: BYAS, ALBERT
Address: 1506 THURSO RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP/D () Delete
Name: BYAS, SHERI
Address: 1506 THURSO RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BYAS, ALBERT
Address: 1614 FAIRLAND AVE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: S/T (X) Change () Addition
Name: BYAS, ALBERT
Address: 1614 FAIRLAND AVE
City-St-Zip: PANAMA CITY, FL 32404 US

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: AAB

PREZ

07/02/2009

Electronic Signature of Signing Officer or Director

Date