

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095573

FILED
Jul 23, 2009
Secretary of State

Entity Name: AGAPE COUNSELING CENTER INC.

Current Principal Place of Business:

258 WILSHIRE BLVD
258
CASSELBERRY, FL 32707

New Principal Place of Business:

467 LAKE HOWELL ROAD
202
MAITLAND, FL 32751

Current Mailing Address:

258 WILSHIRE BLVD
258
CASSELBERRY, FL 32707

New Mailing Address:

467 LAKE HOWELL ROAD
202
MAITLAND, FL 32751

FEI Number: 26-0781005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMK ACCOUNTING SERVICES INC
274 WILSHIRE BLVD,
232
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

SMK ACCOUNTING SERVICES INC
274 WILSHIRE BLVD,
220
CASSELBERRY, FL 32707 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:

07/23/2009

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 () Delete
Name: GROVER, CALEB
Address: 258 WILSHIRE BLVD, SUITE 258
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: GROVER, REBECCA
Address: 258 WILSHIRE BLVD, SUITE 258
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GROVER, CALEB
Address: 848 N. LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: GROVER, REBECCA
Address: 848 N. LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: CALEB GROVER

P

07/23/2009

Electronic Signature of Signing Officer or Director

Date