

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011216

**Entity Name:** AGAPE SOURCE INC.**Current Principal Place of Business:**8537 ABBOTSBURY DRIVE  
WINDERMERE, FL 34786**Current Mailing Address:**PO BOX 785049  
WINTER GARDEN, FL 34778-5049 US**FEI Number:** 47-5677234**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAMJOHN, JOEL P  
8537 ABBOTSBURY DRIVE  
WINDERMERE, FL 34786 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, COO
Name	RAMJOHN, JOEL P
Address	8537 ABBOTSBURY DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	MCWHORTER, HEIDY
Address	9232 GRAND ISLAND WAY
City-State-Zip:	WINTER GARDEN FL 34787

Title	CFO
Name	CARLETON, DEBRA SUE
Address	1343 WATER WILLOW DRIVE
City-State-Zip:	GROVELAND FL 34736

Title	TREASURER
Name	LOVE, DARIN LEE
Address	15934 SUMMIT CT
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	TESTERMAN, GINGER
Address	15320 TROUSDALE STREET
City-State-Zip:	CLERMONT FL 34715

Title	EXECUTIVE DIRECTOR
Name	RAMJOHN, TANIQUE CAROLE
Address	8537 ABBOTSBURY DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	CHAIRMAN
Name	HUMPHREY, ANDREA JEAN OSUNA
Address	2109 BLUECORN MAIDEN CT NE
City-State-Zip:	ALBUQUERQUE NM 87112

Title	DIRECTOR
Name	GRANDLEY, ROWE
Address	15906 WILKINSON DR
City-State-Zip:	CLERMONT FL 34714

**Continues on page 2**

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

**SIGNATURE:** JOEL RAMJOHN**PRESIDENT****03/25/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR, SECRETARY
Name	PAO, VANESSA
Address	12139 WOODGLEN CIRCLE
City-State-Zip:	CLERMONT FL 34711