

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N15000011216

**Entity Name:** AGAPE SOURCE INC.

**Current Principal Place of Business:**

8537 ABBOTTSBURY DRIVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

PO BOX 785049  
WINTER GARDEN, FL 34778-5049 US

**FEI Number:** 47-5677234

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMJOHN, JOEL P  
8537 ABBOTTSBURY 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 ABBOTTSBURY DRIVE  
City-State-Zip: WINDERMERE FL 34786

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

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

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

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

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

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

Title            DIRECTOR  
Name            GREENWOOD, MARK IAN  
Address          18999 S OBRIEN RD  
City-State-Zip: GROVELAND FL 34736

**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 P RAMJOHN

**PRESIDENT**

**06/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BREAR, KRISTIN NICHOLE
Address	10505 VERSAILLES BOULEVARD
City-State-Zip:	CLERMONT FL 34711