

2022 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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
Name	RAMJOHN, JOEL P
Address	8537 ABBOTTSBURY DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	CHAIRMAN
Name	BRADY, AMY
Address	2127 LILYPAD LANE
City-State-Zip:	WINDERMERE FL 34786

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

Title	DIRECTOR, TREASURER
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

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****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date