

**2018 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 P  
Name RAMJOHN, JOEL P  
Address 8537 ABBOTTSBURY DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title VP/TREASURER  
Name GRONLUND, PER J  
Address 15824 WATERMILL COURT  
City-State-Zip: CLERMONT FL 34711

Title S  
Name HOLLAND, CHRISTINE N  
Address 3172 KINNEYS ROAD  
City-State-Zip: CEDAR HILL TN 37032

Title BOARD MEMBER  
Name QUINTANA, CARLOS  
Address 9103 TIVOLI CHASE DRIVE  
City-State-Zip: ORLANDO FL 32829

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

Title BOARD MEMBER  
Name CARLETON III, WILLIAM P  
Address 15750 WILLO PINES LN  
City-State-Zip: MONTVERDE FL 34756

*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**

**09/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date