

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000012850

Entity Name: AGAPE COUNSELING SERVICES, INC.**Current Principal Place of Business:**10180 SLAUGHTERHOUSE RD
POLK CITY, FL 33868**Current Mailing Address:**PO BOX 57
POLK CITY, FL 33868 57**FEI Number:** 92-1069358**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VESTER, SHARALYN R LMHC
10180 SLAUGHTERHOUSE RD
POLK CITY, FL 33868 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	BYRD, SHARI
Address	10138 SLAUGHTERHOUSE RD
City-State-Zip:	POLK CITY FL 33868
Title	BM
Name	ADAMS, JOSH RMHCI
Address	677 WOODLAND SQUARE LOOP SE SUITE A19
City-State-Zip:	LACEY WA 98503
Title	BM
Name	FAVARO, KIM LMHC
Address	1710 SENECA AVE.
City-State-Zip:	LAKELAND FL 33801

Title	REV.
Name	VESTER, TIM L
Address	10180 SLAUGHTERHOUSE RD
City-State-Zip:	POLK CITY FL 33868
Title	VP
Name	LANNING, DEVON OTR/L
Address	10180 SLUGHTERHOUSE RD
City-State-Zip:	POLK CITY FL 33868

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: VESTER, TIM L

REV.

05/01/2023

Electronic Signature of Signing Officer/Director Detail_____
Date