

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005967

**Entity Name:** VANESE AGAPE FAMILY SERVICE AND LEARNING CENTER, INC.

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**3458903910CC**

**Current Principal Place of Business:**

980 BAYBERRY LANE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

980 BAYBERRY LANE  
ROCKLEDGE, FL 32955 US

**FEI Number: 59-3537523**

**Certificate of Status Desired: No**

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

HENDERSON, JACQUELINE CRAIG  
980 BAYBERRY LANE  
ROCKLEDGE, FL 32955 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: JACQUELINE CRAIG HENDERSON**

**02/06/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HENDERSON, JACQUELINE CRAIG  
Address 980 BAYBERRY LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title PD  
Name CRAIG, LARRY M  
Address 1040 GENNY LANE  
City-State-Zip: RIVERDALE GA 30296

Title D  
Name CRAIG, HELEN  
Address 6006 LONG PEAK DRIVE  
City-State-Zip: ORLANDO FL 32810

Title TD  
Name CARPENTER, CATHERINE  
Address 10221 NEVERSINK COURT  
City-State-Zip: ORLANDO FL 32817

*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: JACQUELINE CRAIG HENDERSON**

**PD**

**02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date