

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29674

Entity Name: AGAPE PROPERTY MANAGEMENT, INC.**Current Principal Place of Business:**860 NORTH S.R. 434
#1009
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**860 NORTH S.R. 434
#1009
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 59-3047066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, MARILYN
860 NORTH S.R. 434
#1009
ALTAMONTE SPRINGS, FL 32714 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, DIRECTOR, BROKER
Name	CAMPBELL, MARILYN
Address	860 NORTH S.R. 434 #1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CEO, VP, DIRECTOR
Name	CAMPBELL, DOUGLAS
Address	860 NORTH S.R. 434 #1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	COO, EXECUTIVE SECRETARY, DIRECTOR
Name	CAMPBELL-CONNOR, KATHLEEN
Address	860 NORTH S.R. 434 #1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CTO
Name	CAMPBELL, PATRICK
Address	860 NORTH S.R. 434 #1009
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN CAMPBELL-CONNOR

COO/DIRECTOR

04/23/2015

Electronic Signature of Signing Officer/Director Detail_____
Date