

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91235 015 ****70.00

DOCUMENT # **748170**
1. Entity Name
AGAPAO CENTER, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21063 HAWTHORNE COURT
Suite, Apt. #, etc.

3. Mailing Address
21063 HAWTHORNE CT.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
STERLING, VA

City & State
Sterling, VA

Zip
20164 Country
USA

Zip
20164 Country
USA

4. FEI Number
592041773 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Daniel T. Macri, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
172 Pinta Circle

City **Merritt Island** FL Zip Code
32953

8. 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 *Dan Macri* (NOTE: Registered Agent signature required when reinstating)

DATE **4/30/2002**

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JON B. NORSWORTHY 21063 Hawthorne Ct. Sterling, VA 20164	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAURA H. NORSWORTHY 21063 Hawthorne Ct. Sterling, VA 20164	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANA C. WALLER 44086 Natalie Terrace Ashburn, VA 20147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chris R. Eads 507 Breckenridge Square Leesburg, VA 20175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *President/Director* **4/27/02** **703-444-5701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #