


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

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90049 013 ****70.00

DOCUMENT # 748170
1. Entity Name
AGAPAO CENTER, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
507 Breckenridge Square
Suite, Apt. #, etc.

3. Mailing Address
507 Breckenridge Square
Suite, Apt. #, etc.

City & State
Leesburg, VA

City & State
Leesburg, VA

Zip Country
20175 USA

Zip Country
20175 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)
5759 NW Zenith Dr.

City
Port St Lucie FL Zip Code
34986

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

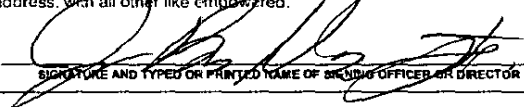
FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE President / Director (P/D)	NAME Jon B. NORSWORTHY	STREET ADDRESS 507 Breckenridge Sq.	CITY-ST-ZIP Leesburg, VA 20164
TITLE Treasurer / Director (T/D)	NAME Laura H. NORSWORTHY	STREET ADDRESS 507 Breckenridge Sq.	CITY-ST-ZIP Leesburg, VA 20164
TITLE Secretary (S)	NAME Dana C. Waller	STREET ADDRESS 44086 Natalie Terrace	CITY-ST-ZIP Ashburn, VA 20147
TITLE Director (D)	NAME Chris R. Eads	STREET ADDRESS 507 Breckenridge Sq.	CITY-ST-ZIP Leesburg, VA 20164
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JON B. NORSWORTHY** PRESIDENT
Date: **6/25/03** Daytime Phone #: **727-397-4255**

check enclosed for \$70

CR2E037B (12/02)