

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2004
Secretary of State**

DOCUMENT# 748170

Entity Name: AGAPAO CENTER, INC.

Current Principal Place of Business:

507 BRECKENRIDGE SQUARE
LEESBURG, VA 20175

New Principal Place of Business:

Current Mailing Address:

507 BRECKENRIDGE SQUARE
LEESBURG, VA 20175

New Mailing Address:

FEI Number: 59-2041773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACRI, DANIEL T JR.
5759 NW ZENITH DR
PORT SAINT LUCIE, FL 34986

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORSWORTHY, JON B
Address: 507 BRECKENRIDGE SQUARE
City-St-Zip: STERLING, VA 20164

Title: TD () Delete
Name: NORSWORTHY, LAURA H
Address: 507 BRECKENRIDGE SQ
City-St-Zip: STERLING, VA 20164

Title: S () Delete
Name: WALLER, DANA C
Address: 44086 NATALIE TERRACE
City-St-Zip: ASHBURN, VA 20147

Title: D () Delete
Name: EADS, CHRIS R
Address: 507 BRECKENRIDGE SQUARE
City-St-Zip: LEESBURG, VA 20175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORSWORTHY, JON B
Address: 507 BRECKENRIDGE SQUARE
City-St-Zip: LEESBURG, VA 20175

Title: TD (X) Change () Addition
Name: NORSWORTHY, LAURA H
Address: 507 BRECKENRIDGE SQ
City-St-Zip: LEESBURG, VA 20175

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JON B. NORSWORTHY

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date