

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000002410

Entity Name: AGAPE ROOTS FOUNDATION INCORPORATED**Current Principal Place of Business:**1906 SW IDAHO LANE
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**PO BOX 881298
PORT SAINT LUCIE, FL 34988 US**FEI Number: 86-2438721****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROWN, JESSICA J
1906 SW IDAHO LANE
PORT SAINT LUCIE, FL 34953 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	P
Name	BROWN, JESSICA J
Address	1906 SW IDAHO LANE
City-State-Zip:	PORT SAINT LUCIE, FL 34953

Title	VP
Name	PURCHAS, CHADWICK D JR.
Address	1906 SW IDAHO LANE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	BROWN, ARLENE A
Address	1906 SW IDAHO LANE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	BROWN, JULISSA D
Address	1906 SW IDAHO LANE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	VP
Name	BROWN, KEMARR
Address	1906 SW IDAHO LANE
City-State-Zip:	PORT SAINT LUCIE FL 34953

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: JESSICA BROWN**PRESIDENT****03/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date