

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748170 (8)

1. Corporation Name
AGAPAO CENTER, INC.



Principal Place of Business: 4215 RUES LANDING RD. ST AUGUSTINE FL 32092
Mailing Address: 4215 RUES LANDING RD. ST AUGUSTINE FL 32092

3. Date Incorporated or Qualified: 07/23/1979
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2041773
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

FERRAND, WILLIAM
4215 RUES LANDING ROAD
ST. AUGUSTINE FL 32092

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	FERRAND, WILLIAM	1.2 NAME
STREET ADDRESS	4215 RUES LANDING RD.	1.3 STREET ADDRESS
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP
TITLE	STD	2.1 TITLE
NAME	FERRAND, PEGGY	2.2 NAME
STREET ADDRESS	4215 RUES LANDING RD.	2.3 STREET ADDRESS
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP
TITLE	VD	3.1 TITLE
NAME	LEE, JEREMIAH	3.2 NAME
STREET ADDRESS	4215 RUES LANDING RD	3.3 STREET ADDRESS
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

VP Steve R. Miller
6500 SOUTH ORANGE AVE
ORLANDO, FL 32809
UP Robert N. Hellmer
6500 South Orange Ave
Orlando, FL 32824

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Ferrand 1/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)