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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
4215 RUES LANDING RD. ST AUGUSTINE FL 32092
4215 RUES LANDING RD. ST AUGUSTINE FL 32092-0647

3. Date Incorporated or Qualified 07/23/1979
3a. Date of Last Report 04/04/1996

2. Principal Place of Business 2a. Mailing Address
21 2790 Windsong Ln 26 PO Box 425804
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 23 St Cloud FL 28 Kissimmee, FL
City & State City & State
24 34772 25 Country 29 34742 30 Country
Zip Zip

4. FEI Number 59-2041773 Applied For Not Applicable
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

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 Steve R Miller
82 Street Address (P.O. Box Number is Not Acceptable) 2790 Windsong Ln
83
84 City St Cloud FL 85 Zip Code 34772

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 Steve R Miller DATE 4/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRAND, WILLIAM	1.2 NAME	Alice G Miller
STREET ADDRESS	4215 RUES LANDING RD.	1.3 STREET ADDRESS	2790 Windsong Ln
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St Cloud, FL 34772 T
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRAND, PEGGY	2.2 NAME	Leonard C Smoke
STREET ADDRESS	4215 RUES LANDING RD.	2.3 STREET ADDRESS	7346 Woodbriar Ct
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	Orlando, FL 32835 T
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEVE R.	4.2 NAME	President/Director Miller, Steve R
STREET ADDRESS	6500 SOUTH ORNAGE AVENU	4.3 STREET ADDRESS	2790 Windsong Ln
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	St Cloud, FL 34772
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLMER, ROBERT N.	5.2 NAME	
STREET ADDRESS	6500 SOUTH ORANGE AVENUE	5.3 STREET ADDRESS	000002213190
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	-06/16/97--01116--011
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 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 [Signature] DATE [Date]

CR2E037 (9/96)