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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V48854** (6)
1. Corporation Name
AGAPE DENTAL CENTER, INC.



Principal Place of Business
**625 W UNION ST
SUITE D
JACKSONVILLE FL 32202**

Mailing Address
**625 W UNION ST
SUITE D
JACKSONVILLE FL 32202-4764**

2. Principal Place of Business
21. **2506 CRILL AVE**
Suite, Apt. #, etc.

2a. Mailing Address
26. **2506 CRILL AVE**
Suite, Apt. #, etc.

22. City & State
23. **PALATKA FLORIDA**
Zip Country

27. City & State
28. **PALATKA FLORIDA**
Zip Country

24. **32177** 25. **USA**

29. **32177** 30. **USA**

9. Name and Address of Current Registered Agent

**SMALL, LARRY J.
625 W UNION ST
SUITE D
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified
07/06/1992

3a. Date of Last Report
07/02/1996

4. FEI Number
59-3135354

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

10. Name and Address of New Registered Agent

81. Name
SMALL, LARRY J.
82. Street Address (P.O. Box Number is Not Acceptable)
1053 SR 100
83.
84. City
FLORAHOME 85. Zip Code
FL 32140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SMALL, LARRY J.	2216 ALBURY ST.	MIDDLEBURG FL	<input type="checkbox"/>
D	SMALL, LINDA	2216 ALBURY ST.	MIDDLEBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	SMALL, LARRY J.	1053 SR 100 PO BOX 345	FLORAHOME FL 32140-0345	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SMALL, LINDA	1053 SR 100 PO BOX 345	FLORAHOME FLORIDA 32140-0345	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

904-328-8455

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CR2E034 (9/96)