

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005261

FILED  
Jul 03, 2008  
Secretary of State

**Entity Name:** LABELLE PROGRAM CENTER, INC.

**Current Principal Place of Business:**

SOUTH 29  
LABELLE, FL 33975

**New Principal Place of Business:**

1229 SR 29, SOUTH  
LABELLE, FL 33975

**Current Mailing Address:**

P.O. BOX 214  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 65-0623642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BEDINGFIELD, PAT  
330 BELMONT STREET  
LABELLE, FL 33935      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

**OFFICERS AND DIRECTORS:**

Title: P/D      ( ) Delete  
Name: BEDINGFIELD, PATRICIA  
Address: 330 BELMONT STREET  
City-St-Zip: LABELLE, FL 33935

Title: S/D      ( ) Delete  
Name: MILLER, SHARON  
Address: 120 BELMONT ST  
City-St-Zip: LABELLE, FL 33935

Title: T/D      ( ) Delete  
Name: BASQUIN, DAVID A  
Address: 62190 FRONTIER CIRCLE SW  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 exemption stated in Chapter 119, 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: PAT BEDINGFIELD

PRES

07/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date