

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006242

**Entity Name:** OPTIONS! PROGRAM, INC.

**Current Principal Place of Business:**

736 SHADY CANYON WAY  
POINCIANA, FL 34759-6214

**Current Mailing Address:**

P.O. BOX 580642  
KISSIMMEE, FL 34758 US

**FEI Number:** 61-1600425

**Certificate of Status Desired:** No

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

SLOVIN, EDE  
736 SHADY CANYON WAY  
POINCIANA, FL 34759-6214 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            PRESIDENT/CEO  
Name            SLOVIN, EDE  
Address        736 SHADY CANYON WAY  
City-State-Zip: POINCIANA FL 34759-6214

Title            SECRETARY  
Name            SARCIA, DELLA  
Address        1152 DUNCAN DRIVE  
City-State-Zip: WINTER SPRINGS FL 32708-4308

Title            TREASURER  
Name            ABRAMSON, MARK  
Address        110 N. ORANGE AVENUE SUITE 1300  
City-State-Zip: ORLANDO FL 32801

Title            DIRECTOR  
Name            RANGE, SHIRLEY  
Address        1037 GORE DRIVE  
City-State-Zip: OVIEDO FL 32765

*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:** EDE SLOVIN

**PRESIDENT & CEO**

**01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date