

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735710

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE AGRICULTURAL AND LABOR PROGRAM, INCORPORATED

Current Principal Place of Business:

300 LYNCHBURG ROAD
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

PO BOX 3126
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 59-1634148 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, DELORIS
300 LYNCHBURG ROAD
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: HOLT, WILLIAM
Address: 4129 57TH AVE
City-St-Zip: VERO BEACH, FL 32967

Title: VD () Delete
Name: WALKER, DAVID
Address: P O BOX 1829
City-St-Zip: STUART, FL 34995

Title: T () Delete
Name: SAMUEL, CHRISTINE
Address: 7205 SUMMIT PLACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: HOWARD, JOSEPHINE
Address: 2711 ORCHID DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: THOMAS, MARK
Address: 1416 LEIGHTON AVENUE
City-St-Zip: LAKELAND, FL 33803

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:

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: DELORIS JOHNSON

CEO

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date