

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735710

**FILED**  
**Jan 07, 2010**  
**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  
Name: HOLT, WILLIAM  
Address: 4129 57TH AVE  
City-St-Zip: VERO BEACH, FL 32967

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

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

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

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

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: DELORIS JOHNSON

RA

01/07/2010

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

\_\_\_\_\_  
Date