

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738201</b> 1. Entity Name CORE PROGRAM, INC.	
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Principal Place of Business 800 VIRGINIA AVE P.O. BOX 3840 FT. PIERCE, FL 34982 US	Mailing Address PO BOX 1650 STUART, FL 34995 US
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1719923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CIOFFI MARGOT A  
905 JOHNSON AVE  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLTON, BRUCE 411 SOUTH 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITTY, DIAMOND 216 SOUTH 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, ROBERT 2165 15TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILTON, NORRIS 1935 RIOU TERR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, SHARON 312 NW 3RD ST., SUITE 101 OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, KELLY 99 SW WIREGRASS CT PALM CITY, FL 34990

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bruce Colton **Signature and typed or printed name of signing officer or director**  
Date 3/20/07 Daytime Phone # 772-286-7333