

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003323

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** D.A.P.S. MENTORING PROGRAM, INC.

**Current Principal Place of Business:**

2213 N. CHURCH ST  
SCRANTON, SC 29591

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 106  
LAKE CITY, SC 29560

**New Mailing Address:**

**FEI Number:** 26-1243996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ONIK T  
1425 W 20TH STREET  
JACKSONVILLE, FL 32209 US

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

BROWN, ONIKA T  
1425 W 20TH STREET  
JACKSONVILLE, FL 32209 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: ONIKA T BROWN

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, ONIKA T  
Address: 2213 N. CHURCH ST  
City-St-Zip: SCRANTON, SC 29591

Title: VP  
Name: BROWN, ROY A  
Address: 2213 N. CHURCH ST  
City-St-Zip: SCRANTON, SC 29591

Title: S  
Name: MARINO, LEE ANN  
Address: PO BOX 681  
City-St-Zip: MORRISVILLE, NC 27560

Title: T  
Name: ASHLEY, JAMIE  
Address: 2209 N. CHURCH ST  
City-St-Zip: SCRANTON, SC 29591

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: ONIKA T BROWN

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date