

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001309

FILED  
Apr 02, 2006  
Secretary of State

Entity Name: THE D.A.P. PROGRAM, INC.

## Current Principal Place of Business:

202 OSCEOLA STREET  
MINNEOLA, FL 34755

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 680539  
ORLANDO, FL 32868

## New Mailing Address:

FEI Number: 32-0010322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NUNEZ, ALEJANDRO ESQ  
250 GIRALDA AVE 2ND FLOOR  
CORAL GABLES, FL 33134 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: P ( ) Delete  
Name: RIVERA, VICTOR R  
Address: PO BOX 680539  
City-St-Zip: ORLANDO, FL 32868

Title: VP ( ) Delete  
Name: MURPHY, PAT  
Address: PO BOX 2333  
City-St-Zip: MINNEOLA, FL 34755

Title: VP ( ) Delete  
Name: RIVERA, JOE PASTOR  
Address: PO BOX 593804  
City-St-Zip: ORLANDO, FL 32859

Title: SM ( ) Delete  
Name: FLOWERS, BRUCE E  
Address: 11243 LAKE CIRCLE DRIVE  
City-St-Zip: CLERMONT, FL 34715

Title: T ( ) Delete  
Name: SALDANA, YESMIRA  
Address: 1640 EAST AVE  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: MURPHY JR., WILLIAM J  
Address: 202 E. OSCEOLA ST.  
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. MURPHY JR.

S

04/02/2006

Electronic Signature of Signing Officer or Director

Date