

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001309

FILED  
Mar 29, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2518 WOODS EDGE CIRCLE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 677492  
ORLANDO, FL 32867

**New Mailing Address:**

**FEI Number:** 32-0010322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: RIVERA, VICTOR R  
Address: PO BOX 677492  
City-St-Zip: ORLANDO, FL 32867

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

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

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

Title: T  
Name: HENRY, JOSEPHINE  
Address: 2518 WOODS EDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: S  
Name: HENRY, JOSEPHINE  
Address: 2518 WOODS EDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

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: PAT MURPHY

VP

03/29/2010

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

\_\_\_\_\_  
Date