

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002454

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE ACHIEVERS PROGRAM, INC.

Current Principal Place of Business:

6001 SW COUNTY ROAD 141
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

6001 SW COUNTY ROAD 141
JASPER, FL 32052

New Mailing Address:

FEI Number: 30-0303499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, TEGDRA
6001 SW COUNTY ROAD 141
JASPER, FL 32052 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: SAMUEL, ERIC B DR
Address: 6001 SW COUNTY ROAD 141
City-St-Zip: JASPER, FL 32052

Title: V () Delete
Name: ROBERTS, NELSON
Address: 6001 SW COUNTY ROAD 141
City-St-Zip: JASPER, FL 32052

Title: S () Delete
Name: TILLMAN, HARRIET D
Address: 6001 SW COUNTY ROAD 141
City-St-Zip: JASPER, FL 32052

Title: T () Delete
Name: PAULK, JAMES JR
Address: 6001 SW COUNTY ROAD 141
City-St-Zip: JASPER, FL 32052

Title: T () Delete
Name: BRAYNEN, VIVA DR
Address: 6001 SW COUNTY ROAD 141
City-St-Zip: JASPER, FL 32052

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:

I hereby certify that the information supplied with this filing does not qualify 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: ERIC B. SAMUEL

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date