# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2012**
**Secretary of State**

DOCUMENT# N09000006242

**Entity Name:** OPTIONS! PROGRAM, INC.

**Current Principal Place of Business:**

331 N. MAITLAND AVENUE D-7
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1020 QUINWOOD LANE
MAITLAND, FL 327514562

**New Mailing Address:**

**FEI Number: 61-1600425** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SLOVIN, EDE
1020 QUINWOOD LANE
MAITLAND, FL 327514562 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: ED
Name: SLOVIN, EDE
Address: 1020 QUINWOOD LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: SARCIA, DELLA
Address: 1152 DUNCAN DRIVE
City-St-Zip: WINTER SPRINGS, FL 327084308

Title: D
Name: BONJIONE, FRANK
Address: 3609 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 321696602

Title: D
Name: ABRAMSON, MARK
Address: 110 N. ORANGE AVENUE SUITE 1300
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: SCHWARTZ, DEE
Address: 910 LOTUS VISTA DRIVE #301
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: RANGE, SHIRLEY
Address: 1037 GORE DRIVE
City-St-Zip: OVIEDO, FL 32765

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: EDE SLOVIN PRES 01/05/2012

Electronic Signature of Signing Officer or Director — Date