2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N45512

Entity Name: A NO ABUSE PROGRAM INC.

Current Principal Place of Business:

813 N. FERNCREEK AVE.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

813 N. FERNCREEK AVE.
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3089562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASIL, PAULA
813 N. FERNCREEK AVE.
ORLANDO, FL 32803 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: PD
Name: BASIL, PAULA
Address: 813 N. FERNCREEK AVE.
City-St-Zip: ORLANDO, FL 32803 US

Title: VPDT
Name: PASTOREK, JOYCE
Address: 813 N. FERNCREEK AVE.
City-St-Zip: ORLANDO, FL 32803 US

Title: D
Name: DRISCOLL, ROBERTA DR.
Address: 813 N. FERNCREEK AVE.
City-St-Zip: ORLANDO, FL 32803 US

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: PAULA BASIL PD 01/05/2011

Electronic Signature of Signing Officer or Director Date