


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90001 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005261

1. Corporation Name

LABELLE PROGRAM CENTER, INC.

Principal Place of Business

**SOUTH 29
LABELLE FL 33975**

Mailing Address

**P.O. BOX 214
LABELLE FL 33975**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/07/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0623642	
Country		Country		Applied For	
24		30		Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required		5. Election Campaign Financing	
<input type="checkbox"/>		<input type="checkbox"/>		Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**BEDINGFIELD, PAT
330 BELMONT STREET
LABELLE FL 33935**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Patricia Bedingfield

(NOTE: Registered Agent signature required when reinstating)

6-10-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDINGFIELD, PATRICIA	1.2 NAME	
STREET ADDRESS	330 BELMONT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	1.4 CITY-ST-ZIP	
TITLE	S D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, BETTY	2.2 NAME	
STREET ADDRESS	4561 SPRINGVIEW CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	2.4 CITY-ST-ZIP	
TITLE	T D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASQUIN, DAVID A	3.2 NAME	
STREET ADDRESS	135 COTTAGE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia Bedingfield

6-10-99

Date

Daytime Phone #

CR2E037 (11/98)