

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 22 AM 9:46

SECRETARY OF STATE
TALLAHASSEE 0020290

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

11/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0623642

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEDINGFIELD, PAT
330 BELMONT STREET
LABELLE FL 33935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D ☐ DELETE

NAME BEDINGFIELD, PATRICIA

STREET ADDRESS 330 BELMONT STREET

CITY-ST-ZIP LABELLE FL 33935

TITLE S D ☒ DELETE

NAME ENGLISH, BETTY

STREET ADDRESS 4561 SPRINGVIEW CIRCLE

CITY-ST-ZIP LABELLE FL 33935

TITLE T D ☐ DELETE

NAME BASQUIN, DAVID A

STREET ADDRESS 135 COTTAGE STREET

CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 2-4-00 679-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)