

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N95000005261

1. Entity Name
LABELLE PROGRAM CENTER, INC.



Principal Place of Business

**SOUTH 29
LABELLE, FL 33975**

Mailing Address

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



03172006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0623642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000478514
04/06/06-80014-013 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
BEDINGFIELD, PATRICIA
330 BELMONT STREET
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
MILLER, SHARON
120 BELMONT ST
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
BASQUIN, DAVID A
135 COTTAGE STREET
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pat Bedingfield* **Pat Bedingfield** 3.17.06 863-612-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #