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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022889 (5)**

1. Corporation Name
THE B.E.S.T. PROGRAM, CHARTERED

Principal Place of Business	Mailing Address
600 SEAGATE DR NAPLES FL 33940	600 SEAGATE DR NAPLES FL 34103-2420

3. Date Incorporated or Qualified: 03/11/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 866 97TH Ave N	26 866 97TH Ave N
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 NAPLES, FL	28 NAPLES, FL
24 Zip 34108 / 25 Country COLLIER	29 Zip 34108 / 30 Country COLLIER

4. FEI Number: 65-0652072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNOR, KARLA K
600 SEAGATE DR
NAPLES FL 33940

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CHESNEY, CAROLYN JO	1.2 NAME	CAROLYN CHESNEY
STREET ADDRESS	7311 STONEGATE DR	1.3 STREET ADDRESS	7311 STONEGATE DR
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	TANT, SUSAN	2.2 NAME	SUSAN TANT
STREET ADDRESS	78 MENTOR DR	2.3 STREET ADDRESS	78 MENTOR DR
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	CONNOR, KARLA K	3.2 NAME	KARLA CONNOR
STREET ADDRESS	10504 WINTERVIEW DR	3.3 STREET ADDRESS	10504 WINTERVIEW DR
CITY-ST-ZIP	NAPLES FL 33904	3.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D ☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEE, MAUREEN	4.2 NAME	
STREET ADDRESS	1268 LAKESSHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn J. Chesney CAROLYN J. CHESNEY 3-17-97 941-566-3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #