

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45512

Entity Name: A NO ABUSE PROGRAM INC.

Current Principal Place of Business:

813 N. FERNCREEK AVE.
ORLANDO, FL 32803

Current Mailing Address:

813 N. FERNCREEK AVE.
ORLANDO, FL 32803 US

FEI Number: 59-3089562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASIL, PAULA
813 N. FERNCREEK AVE.
ORLANDO, FL 32803 US

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

Officer/Director Detail :

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

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

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

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

PRESIDENT

01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date