

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90195 029 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                                       |                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N38335</b><br>1. Entity Name<br><b>FLORIDA AFTER SCHOOL ALLIANCE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                     |                                                                       |                                                                                                               |  |
| Principal Place of Business<br><b>9550 16TH SE N<br/>ST PETERSBURG, FL 33716 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                     | Mailing Address<br><b>PO BOX 20425<br/>SAINT PETERSBURG, FL 33742</b> |                                                                                                                                                                                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 3. Mailing Address                                                                  |                                                                       |                                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | Suite, Apt. #, etc.                                                                 |                                                                       |                                                                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | City & State                                                                        |                                                                       |                                                                                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                           | Zip                                                                                 | Country                                                               | 4. FEI Number<br><b>59-3062864</b>                                                                                                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                     |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |                                                                       | 7. Name and Address of New Registered Agent                                                                                                                                                    |  |
| <b>FULMER, ELIZABETH H<br/>1596 INDIAN DANCE CT<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                     |                                                                       | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                     |                                                                       |                                                                                                                                                                                                |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                         |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     |                                                                       |                                                                                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                 |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                                | <input type="checkbox"/> Delete                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>SANTIAGO, EDDIE</b>            |                                                                                     | NAME                                                                  |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>9550 16TH STREET NORTH</b>     |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SAINT PETERSBURG, FL 33716</b> |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                                | <input type="checkbox"/> Delete                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FULMER, ELIZABETH</b>          |                                                                                     | NAME                                                                  |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1596 INDIAN DANCE CT</b>       |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MAITLAND, FL 32751</b>         |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                                | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>BEEVERS, SUSAN</b>             |                                                                                     | NAME                                                                  | <b>SD Kollner, Diane</b>                                                                                                                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5226 CAMELOT FOREST DRIVE</b>  |                                                                                     | STREET ADDRESS                                                        | <b>10601 Belcher Rd. South</b>                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>JACKSONVILLE, FL 32202</b>     |                                                                                     | CITY-ST-ZIP                                                           | <b>Largo, FL 33777</b>                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1VD                               | <input type="checkbox"/> Delete                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>BALLINGER, DEBRA</b>           |                                                                                     | NAME                                                                  |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>9550.16TH ST. N.</b>           |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>SAINT PETERSBURG, FL 33716</b> |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VD                                | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>BURROUGHS, JEAN</b>            |                                                                                     | NAME                                                                  | <b>VD Carie, Sharon</b>                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>729 LOOMIS AVE</b>             |                                                                                     | STREET ADDRESS                                                        | <b>2536 Countryside Blvd Suite 100</b>                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DAYTONA BEACH, FL 32114</b>    |                                                                                     | CITY-ST-ZIP                                                           | <b>Clearwater, FL 33763</b>                                                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete   |                                                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                     | NAME                                                                  |                                                                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                                                |  |
| 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. |                                   |                                                                                     |                                                                       |                                                                                                                                                                                                |  |
| <b>SIGNATURE:</b> <i>Eddie Santiago</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                     | <b>4-21-06 727-578-5437</b><br><small>Date Daytime Phone #</small>    |                                                                                                                                                                                                |  |