2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004
Secretary of State

DOCUMENT# N99000000435

Entity Name: AFTER SCHOOL PROGRAMS-SOUTH, INC.

Current Principal Place of Business:

5700 HORIZONS LANE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5700 HORIZONS LANE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0915728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLNEK, ALAN
5700 HORIZONS LANE
MARGATE, FL 33063

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOLNEK, ALAN
Address: 5700 HORIZONS LANE
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: COHN, ALLAN
Address: 5700 HORIZONS LANE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: MOTLEY, SUSAN
Address: 5700 HORIZONS LANE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: KOPPERL, SID
Address: 5700 HORIZONS LANE
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete
Name: SOBEN, PATRICIA
Address: 5700 HORIZONS LANE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: HALL, JAYNE
Address: 5700 HORIZONS LANE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN WOLNEK P 06/01/2004

Electronic Signature of Signing Officer or Director Date