

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38335

Entity Name: FLORIDA AFTER SCHOOL ALLIANCE, INC.**Current Principal Place of Business:**4140 49TH STREET N.
ST. PETERSBURG, FL 33709**Current Mailing Address:**PO BOX 20425
SAINT PETERSBURG, FL 33742**FEI Number:** 59-3062864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGERS, JOSIE A
4140 49TH STREET N
ST. PETERSBURG, FL 33709 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	LIEBMAN, ROBERT
Address	9853 NW 56TH PLACE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	TD
Name	DIPOLITO, KATHIE
Address	4140 49TH STREET N.
City-State-Zip:	ST. PETERSBURG FL 33709

Title	VD
Name	BALLINGER, DEBRA
Address	4140 49TH STREET N
City-State-Zip:	SAINT PETERSBURG FL 33709

Title	ED
Name	CARIE, SHARON
Address	10601 BELCHER ROAD
City-State-Zip:	LARGO FL 33777

Title	SD
Name	SNOW, GREG
Address	624 WESTCLIFFE DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

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: KATHIE DIPOLITO**TREASURER****01/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date