

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000435

Entity Name: AFTER SCHOOL PROGRAMS-SOUTH, INC.

Current Principal Place of Business:

1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 US

FEI Number: 65-0915728

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOLNEK, DAVID D
1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 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 D
Name WOLNEK, DAVID
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name CUTLER, ANN
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title T
Name COHN, ALLAN
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name HALL, JAYNE
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name MOTLEY, SUSAN
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name CONSTANTINE, JAMES
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name GAZZANO, JULIEN
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name KOPPERL, SID
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

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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: DAVID WOLNEK

D

03/24/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title D
Name ROTH, TRACY
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name SODIKOFF, Nanci
Address 1520 S. POWERLINE ROAD
City-State-Zip: DEERFIELD BEACH FL 33442