

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000435

**FILED
Mar 30, 2017
Secretary of State
CC9581350239**

Entity Name: AFTER SCHOOL PROGRAMS-SOUTH, INC.

Current Principal Place of Business:

5700 HORIZONS LANE
MARGATE, FL 33063

Current Mailing Address:

5700 HORIZONS LANE
MARGATE, FL 33063 US

FEI Number: 65-0915728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLNEK, DAVID CEO
5700 HORIZONS LANE
MARGATE, FL 33063 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: DAVID WOLNEK

03/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name WOLNEK, DAVID
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name CUTLER, ANN
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title T
Name COHN, ALLAN
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name HALL, JAYNE
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name MOTLEY, SUSAN
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name CONSTANTINE, JAMES
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name GAZZANO, JULIEN
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name KOPPERL, SID
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

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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

CEO

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name SODIKOFF, NANJI
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title DIRECTOR
Name POJOGA, GEORGE
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name LIEBMAN, ROBERT
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063