

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004637

FILED
Apr 23, 2009
Secretary of State

Entity Name: BLUE WAVE AFTER SCHOOL, INC.

Current Principal Place of Business:

1080 SW 11TH ST.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1080 SW 11TH ST.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3729588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGER, PAMELA
1080 SW 11TH ST.
GAINESVILLE, FL 32601 US

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: D () Delete
Name: HAGER, PAMELA
Address: 1080 SW 11 STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: MARIA, SERRATO
Address: 1080 SW 11 STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: COX, ROBERT
Address: 1080 SW 11 STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: DOLAN, KELLY
Address: 1080 SW 11TH ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: ROBERTS, VALETTA
Address: 1080 SW 11 STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: BROWN, LAWSON
Address: 1080 SW 11 STREET
City-St-Zip: GAINESVILLE, FL 32601

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 exemption stated 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 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: PAMELA HAGER

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date