

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004637

FILED
Mar 20, 2012
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
Name: HAGER, PAMELA
Address: 1080 SW 11 STREET
City-St-Zip: GAINESVILLE, FL 32601

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

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

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

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

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: PAMELA HAGER

D

03/20/2012

Electronic Signature of Signing Officer or Director

_____ Date