

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008560

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: AFTER CARE EDUCATORS, INC.

## Current Principal Place of Business:

3911 N.E. 26TH AVE  
LIGHTHOUSE POINT, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

3911 N.E. 26TH AVE  
LIGHTHOUSE POINT, FL 33064

## New Mailing Address:

FEI Number: 35-2238934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, KENNETH M  
3911 N.E. 26TH AVE  
LIGHTHOUSE POINT, FL 33064 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: CEOP ( ) Delete  
Name: COLLINS, LAURA  
Address: 3911 N.E. 26TH AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D (X) Delete  
Name: COLLINS, LAURA  
Address: 3911 N.E. 26TH AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DVS ( ) Delete  
Name: YONOVER, MICHAEL  
Address: 3911 N.E. 26TH AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DST ( ) Delete  
Name: COLLINS, CHRISTOPHER  
Address: 3911 N.E. 26TH AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete  
Name: YONOVER, MARISSA  
Address: 3911 N.E. 26TH AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS COLLINS

DST

04/06/2007

Electronic Signature of Signing Officer or Director

Date