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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # N14771 (2)

1. Corporation Name
THE ALTERNATIVE PROGRAMS, INC.

Principal Place of Business	Mailing Address
710 NW 62ND STREET PO BOX 510266 MIAMI FL 33151-0266	710 NW 62ND STREET PO BOX 510266 MIAMI FL 33151-0266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1986
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2690657 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21	26 P.O. BOX 510266		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☒	$5.00 May Be Added to Fees
City & State 23	City & State 28 MIAMI, FLORIDA	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 33151-0266 / Country 30 DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AYERS, GEORGIA JONES 2475 NW 111TH STREET MIAMI FL 33167	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RANGE, M ATHALIE	12 NAME	
STREET ADDRESS	1031 NW 87TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, DALTON	22 NAME	
STREET ADDRESS	1940 NW 186TH DR.	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	REED, KAYE	32 NAME	
STREET ADDRESS	1340 N.W. 193RD TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	COWINS, BENJAMIN B.	42 NAME	
STREET ADDRESS	19410 N.W. 17TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ARMSBRISTER, VASHTI	52 NAME	
STREET ADDRESS	16035 NW 28TH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, WILLIAM H SR	62 NAME	
STREET ADDRESS	5022 NW 7TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Athalie Range 2-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. ATHALIE RANGE

0048307