


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90046 035 ****70.00

| | | | | | |
|--|-------------------------|--|---|---|--|
| DOCUMENT # N14771 | | | |  | |
| 1. Entity Name THE ALTERNATIVE PROGRAMS, INC. | | | | | |
| Principal Place of Business 151 N.W. 60TH STREET PO BOX 510266 MIAMI, FL 33127 US | | Mailing Address P O BOX 510266 PO BOX 510266 MIAMI, FL 33151-0266 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01302008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2690657 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| AYERS, GEORGIA JONES 2475 NW,111TH STREET MIAMI, FL 33167 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, WILMA | | NAME | | |
| STREET ADDRESS | 2017 N.W. 55TH TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33142 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED, KAYE | | NAME | | |
| STREET ADDRESS | 1340 N.W. 193RD TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, GEORGE | | NAME | | |
| STREET ADDRESS | 1055 NW 52ND STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD (PRESIDENT/CHAIRPERSON) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RANGE, M. A | | NAME | CRAWFORD, FRED | |
| STREET ADDRESS | 1031 NW 87TH STREET | | STREET ADDRESS | 1935 NW 56TH STREET | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | MIAMI, FL 33142 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODEN, WALTER | | NAME | | |
| STREET ADDRESS | 11241 SW DORSEY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Fred Crawford</i> | | FRED CRAWFORD | | 20 Feb 08 305-213-7295 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

40051140

