

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 015 ****61.25

DOCUMENT # N38335

1. Entity Name
FLORIDA AFTER SCHOOL ALLIANCE, INC.



Principal Place of Business
**9550 16TH SE N
ST PETERSBURG, FL 33716 US**

Mailing Address
**PO BOX 20425
SAINT PETERSBURG, FL 33742**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03252008 Chg-NP CR2E037 (12/06)

City & State
Zip Country

4. FEI Number
59-3062864

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MUFLOZ, MARDEN F
18552 TIFFANY DRIVE
MIAMI, FL 33157**

7. Name and Address of New Registered Agent
Name **MARDEN F. MUNOZ**
Street Address (P.O. Box Number is Not Acceptable)
18552 TIFFANY DRIVE
City **MIAMI** FL Zip Code **33157**

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 *Marden F. Munoz* Marden F. Muñoz 03/25/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD CATALDO, KEVIN 3111 S. DIXIE HIGHWAY, SUITE 247 WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATALDO, KEVIN 2300 HIGH RIDGE ROAD, SUITE 330 BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUNOZ, MARDEN F 18552 TIFFANY DRIVE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOLLNER, DIANE 10601 BELCHER RD S SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOPIE, KATHERINE 2300 HIGH RIDGE ROAD, SUITE 330 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD BALLINGER, DEBRA 9550 16TH ST N. SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARIE, SHARON 2536 CTRYSIDE BLVD STE 100 CLEARWATER, FL 33763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marden F. Munoz* Marden F. Muñoz 03/25/2008 305-571-5700
Signature and typed or printed name of signing officer or director Date Daytime Phone #