

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45379

FILED
Apr 27, 2012
Secretary of State

Entity Name: AFTER SCHOOL PROGRAMS INC.

Current Principal Place of Business:

1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0321678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLNEK, ALAN D
1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 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: WOLNEK, ALAN
Address: 1520 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D
Name: CUTLER, ANN
Address: 1520 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: T
Name: COHN, ALLAN
Address: 1520 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D
Name: HALL, JAYNE
Address: 1520 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S
Name: SODIKOFF, Nanci
Address: 1520 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D
Name: MOTLEY, SUSAN
Address: 1520 S. POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: ALAN WOLNEK

D

04/27/2012

Electronic Signature of Signing Officer or Director

Date