

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 002 ****61.25

DOCUMENT # N96000005671

1. Entity Name

ASCHOOL, INC.



Principal Place of Business

931 VILLAGE BOULEVARD
(905-308)
WEST PALM BEACH FL 33407-1939

Mailing Address

931 VILLAGE BOULEVARD
(905-308)
WEST PALM BEACH FL 33407-1939

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3427343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, ALAN
931 VILLAGE BOULEVARD
(905-308)
WEST PALM BEACH FL 33407-1939

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, ALAN	
STREET ADDRESS	931 VILLAGE BOULEVARD, SUITE 905-308	
CITY-ST-ZIP	WEST PALM BEACH FL 33407-1939	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIBRAM, KARL	
STREET ADDRESS	197 MAIN STREET	
CITY-ST-ZIP	WARRENTON VA 20186	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, LUCY	
STREET ADDRESS	931 VILLAGE BOULEVARD, SUITE 905-308	
CITY-ST-ZIP	WEST PALM BEACH FL 33407-1939	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, PERRY	
STREET ADDRESS	1017 ALVIRA STREET	
CITY-ST-ZIP	LOS ANGELES CA 90035	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIENER, ISAAC	
STREET ADDRESS	10 SALEM ROAD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

WEINER, TERRY
10 SALEM ROAD
WAYNE, NJ 07470

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 authority or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #