

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 01, 2004  
Secretary of State**

DOCUMENT# N99000000435

Entity Name: AFTER SCHOOL PROGRAMS-SOUTH, INC.

**Current Principal Place of Business:**

5700 HORIZONS LANE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5700 HORIZONS LANE  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 65-0915728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WOLNEK, ALAN  
5700 HORIZONS LANE  
MARGATE, FL 33063

**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: P      ( ) Delete  
Name: WOLNEK, ALAN  
Address: 5700 HORIZONS LANE  
City-St-Zip: MARGATE, FL 33063

Title: T      ( ) Delete  
Name: COHN, ALLAN  
Address: 5700 HORIZONS LANE  
City-St-Zip: MARGATE, FL 33063

Title: D      ( ) Delete  
Name: MOTLEY, SUSAN  
Address: 5700 HORIZONS LANE  
City-St-Zip: MARGATE, FL 33063

Title: D      ( ) Delete  
Name: KOPPERL, SID  
Address: 5700 HORIZONS LANE  
City-St-Zip: MARGATE, FL 33063

Title: S      ( ) Delete  
Name: SOBEN, PATRICIA  
Address: 5700 HORIZONS LANE  
City-St-Zip: MARGATE, FL 33063

Title: D      ( ) Delete  
Name: HALL, JAYNE  
Address: 5700 HORIZONS LANE  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN WOLNEK

P

06/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date