

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45379

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC6296764102**

**Entity Name:** AFTER SCHOOL PROGRAMS INC.

**Current Principal Place of Business:**

5700 HORIZONS LANE  
MARGATE, FL 33063

**Current Mailing Address:**

5700 HORIZONS LANE  
MARGATE, FL 33063 US

**FEI Number:** 65-0321678

**Certificate of Status Desired:** Yes

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

WOLNEK, DAVID CEO  
5700 HORIZONS LANE  
MARGATE, FL 33063 US

*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:** DAVID WOLNEK

04/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name WOLNEK, DAVID  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name CUTLER, ANN  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title T  
Name COHN, ALLAN  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name HALL, JAYNE  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name MOTLEY, SUSAN  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name CONSTANTINE, JAMES  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name JULIAN, GAZZANO  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name KOPPERL, SID  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

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*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:** DAVID WOLNEK

**DIRECTOR**

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name ROTH, TRACY  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063

Title D  
Name SODIKOFF, Nanci  
Address 5700 HORIZONS LANE  
City-State-Zip: MARGATE FL 33063