

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45379

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

02/10/2021

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 MOTLEY, SUSAN
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 POJOGA, GEORGE
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title D
Name SODIKOFF, NANCI
Address 133 N POMPANO BEACH BLVD
1502
City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY
Name LIEBMAN, ROBERT
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

Title CHAIRMAN
Name STONE, JENNIFER DR.
Address 5700 HORIZONS LANE
City-State-Zip: MARGATE FL 33063

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: ROBERT LIEBMAN

**DIRECTOR OF
OPERATIONS**

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date