Entity Name: ORLANDO AFTER-SCHOOL ALL-STARS, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

400 S ORANGE AVE ORLANDO CITY HALL, 9TH FLOOR ORLANDO, FL 32801

DOCUMENT# N9500003974

Current Mailing Address:

400 S ORANGE AVE ORLANDO CITY HALL, 9TH FLOOR ORLANDO, FL 32801

FEI Number: 59-3313614

Name and Address of Current Registered Agent:

CALLAN, THOMAS P 921 BRADSHAW TERRACE ORLANDO, FL 32806 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	E: THOMAS P. CALLAN			03/06/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Dire	ctor Detail :				
Title	DS	Title	DIRECTOR		
Name	DOWLESS, DONNA	Name	CALLAN, THOMAS P		
Address	1055 LANCASTER DRIVE	Address	921 BRADSHAW TERRACE		
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806		
Title	CEO	Title	D		
Name	TYLER, CHANDLER	Name	JAMES, REYNOLDS		
Address	400 S. ORANGE AVE.	Address	3598 EMERYWOOD LANE		
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32812		
Title	CHAIRMAN	Title	DIRECTOR		
Name	ARROW, COLBY	Name	EARLY, LISA		
	850 CONCOURSE PARKWAY S	Address	595 N PRIMROSE DR		
City-State-Zip:	SUITE 200 MAITLAND FL 32751	City-State-Zip:	ORLANDO FL 32803		
		Title	DIRECTOR		
Title	DIRECTOR	Name	JENKINS, BARBARA		
Name	WATSON, KIM	Address	445 W AMELIA ST		
Address	8256 EXCHANGE DR SUITE 210	City-State-Zip:	ORLANDO FL 32801		
City-State-Zip:	ORLANDO FL 32809	Continues	Continues on page 2		

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: TYLER CHANDLER

03/06/2018 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 06, 2018 Secretary of State CC7888604123

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	KITTINGER, FRED	Name	MCREYNOLDS, JOHN
Address	P.O. BOX 160040	Address	1000 UNIVERSAL STUDIOS
City-State-Zip:	ORLANDO FL 32816	City-State-Zip:	ORLANDO FL 32819
Title	DIRECTOR	Title	DIRECTOR
Name	KEFAUVER, JOE	Name	ORTIZ, TONY
Address	1030 N ORANGE AVE	Address	400 S ORANGE AVE, 2ND FL
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	PRANIEWICZ, KIM	Name	YEAGER, ROBERT
Address	200 E ROBINSON ST. 10TH FLOOR	Address	130 S ORANGE AVE SUITE 300
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	CHAPIN, ROGER	Name	KOLODINSKY, CHRIS
Address	234 WEST GORE STREET	Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32810
Title	DIRECTOR	Title	DIRECTOR
Name	MARSHALL, LAWRENCE	Name	MINA , JOHN
Address	4728 OLD WINTER GARDEN RD	Address	P.O. BOX 913
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	WITTEK, STEVE	Name	BAKER, ARTHUR
Address	618 E. SOUTH STREET SUITE 510	Address	200 S ORANGE AVE SUITE 2300
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	BULLOCK, CLINTON	Name	SCHERER, BARB
Address		Address	200 E ROBINSON ST SUITE 1000
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR		
Name	WILLIAMS, RODERICK		
A ddraaa			

Address P.O. BOX 2846

City-State-Zip: ORLANDO FL 32802