

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003974

**FILED**  
**Mar 04, 2014**  
**Secretary of State**  
**CC7331891246**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-3313614

**Certificate of Status Desired:** No

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DS  
Name DOWLESS, DONNA  
Address 1055 LANCASTER DRIVE  
City-State-Zip: ORLANDO FL 32806

Title VC  
Name BLACH, CHRISTOPHER  
Address 4728 OLD WINTER GARDEN RD.  
City-State-Zip: ORLANDO FL 32811

Title DC  
Name CALLAN, THOMAS P  
Address 921 BRADSHAW TERRACE  
City-State-Zip: ORLANDO FL 32806

Title CEO  
Name TYLER, CHANDLER  
Address 400 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title D  
Name KENNETH, KSIONEK  
Address 100 W. ANDERSON ST.  
City-State-Zip: ORLANDO FL 32801

Title D  
Name JAMES, REYNOLDS  
Address 3598 EMERYWOOD LANE  
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR  
Name ARROW, COLBY  
Address 850 CONCOURSE PARKWAY S  
SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name DIRSCHERL, JENNIFER  
Address 9205 SOUTHPARK CENTER LOOP  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

**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

**EXECUTIVE DIRECTOR**

**03/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARTLETT, SHAWN  
Address 490 E. SOUTH ST  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name WATSON, KIM  
Address 8256 EXCHANGE DR  
SUITE 210  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name KITTINGER, FRED  
Address P.O. BOX 160040  
City-State-Zip: ORLANDO FL 32816

Title DIRECTOR  
Name HOLT, JIM  
Address 3008 CHELSEA ST  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name ORTIZ, TONY  
Address 400 S ORANGE AVE, 2ND FL  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name ROONEY, PAUL  
Address P.O. BOX 913  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name TURNBULL, ALLISON  
Address 200 S ORANGE AVE  
SUITE 2600  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name EARLY, LISA  
Address 595 N PRIMROSE DR  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name JENKINS, BARBARA  
Address 445 W AMELIA ST  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name REYNOLDS, JOHN  
Address 1000 UNIVERSAL STUDIOS  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name KEFAUVER, JOE  
Address 1030 N ORANGE AVE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name PRANIEWICZ, KIM  
Address 200 E ROBINSON ST. 10TH FLOOR  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name YEAGER, ROBERT  
Address 130 S ORANGE AVE  
SUITE 300  
City-State-Zip: ORLANDO FL 32801