

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005156

FILED
Apr 26, 2006
Secretary of State

Entity Name: ALPHA CHRISTIAN LEARNING CENTER, INC.

Current Principal Place of Business:

16171 SW 147 LANE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16171 SW 147 LANE
MIAMI, FL 33196

New Mailing Address:

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

Name and Address of Current Registered Agent:

CULMER, DIANNE W
16171 SW 147 LANE
MIAMI, FL 33196 US

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: DP () Delete
Name: GREEN, RONALD
Address: 10450 SW 183 STREET
City-St-Zip: MIAMI, FL 33157

Title: DV () Delete
Name: CULMER, DIANNE W
Address: 16171 SW 147 LANE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: CULMER, KEISHA
Address: 16171 SW 147 LANE
City-St-Zip: MIAMI, FL 33196

Title: DS () Delete
Name: CLARK, SANDRA
Address: 10935 SW 179 STREET
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: YOUNG, KENNY
Address: 16171 SW 147 LANE
City-St-Zip: MIAMI, FL 33196

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DIANNE WILLIAMS CULMER

DV

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date