

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1996 8:00 am
Secretary of State

DOCUMENT # **N95000060483**
1. Corporation Name

Alpha One Foundation, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
January 31, 1995

3a. Date of Last Report

21 2. Principal Place of Business
3326 Mary Street

2a. Mailing Address
3326 Mary Street

4. FEI Number
65-0585415

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
Suite 301

27 Suite, Apt. #, etc.
Suite 301

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Coconut Grove, FL

28 City & State
Coconut Grove, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33133

25 Country
USA

29 Zip
33133

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Alexandra J. Lindsey

82 Street Address (P.O. Box Number is Not Acceptable)
3326 Mary Street

83
Suite 301

84 City
Coconut Grove

85 Zip Code
FL 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Alexandra J. Lindsey
5/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D John W. Walsh
1.3 STREET ADDRESS	3326 Mary Street, Suite 301
1.4 CITY - ST - ZIP	Coconut Grove, FL 33133
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Alexandra J. Lindsey
2.3 STREET ADDRESS	3326 Mary Street, Suite 301
2.4 CITY - ST - ZIP	Coconut Grove FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Susan Stanley
3.3 STREET ADDRESS	3326 Mary Street, Suite 301
3.4 CITY - ST - ZIP	Coconut Grove, FL 33133
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001823522
5.3 STREET ADDRESS	-05/15/96--01141--007
5.4 CITY - ST - ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Walsh*

John W. Walsh, President

4/16/96

(305) 442-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

22
\$15