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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736186

1. Corporation Name

THE AMERICAN LANGUAGE RESEARCH FOUNDATION, INC.

Principal Place of Business

2100 SPRINGDALE BLVD. - Y216
 PALM SPRINGS FL 33461-8546

Mailing Address

2100 SPRINGDALE BLVD. - Y216
 PALM SPRINGS FL 33461-8546



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/23/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1724108	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
Country		Country			
24		25		29	
30					

9. Name and Address of Current Registered Agent

WILSON, WILLIAM J.
2100 SPRINGDALE BLVD. #Y216
PALM SPRINGS FL 33461-8546

10. Name and Address of New Registered Agent

81	Name
82	Street Address: (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SARVER, SUSAN C.	1.2 NAME	
STREET ADDRESS	1110 LANDING MEADOWS DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HENDERSON KY	1.4 CITY-STATE-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MORRISSEY, ROSALIE C.	2.2 NAME	
STREET ADDRESS	1-B ATRIUM CIRCLE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ATLANTIS FL	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ADAMS, FRANK	3.2 NAME	
STREET ADDRESS	4113 KENT AVENUE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FLORY, WILLIAM C.	4.2 NAME	
STREET ADDRESS	5051 FLORY DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH, FL 00000	4.4 CITY-STATE-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WILSON, WILLIAM J	5.2 NAME	
STREET ADDRESS	2100 SPRINGDALE #216	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM SPRINGS FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MILLARD, PHIL N.	6.2 NAME	
STREET ADDRESS	7189 WASHINGTON AVE.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LANTANA FL	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

William J. Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999

(561) 967-506