

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 736186

1. Entity 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



04132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1724108

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000091378U
05/08/08-80029-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIENER, SUSAN C
STREET ADDRESS	5033 SHENANDOAH AVE
CITY- ST- ZIP	NEWBURGH, IN 47630
TITLE	ST
NAME	MORRISSEY, ROSALIE C.
STREET ADDRESS	1-B ATRIUM CIRCLE
CITY- ST- ZIP	ATLANTIS, FL 33462
TITLE	V
NAME	ADAMS, FRANK
STREET ADDRESS	4113 KENT AVENUE
CITY- ST- ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	FLORY, WILLIAM C.
STREET ADDRESS	5051 FLORY DRIVE
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	PD
NAME	WILSON, WILLIAM J
STREET ADDRESS	2100 SPRINGDALE #216
CITY- ST- ZIP	LAKE WORTH, FL 33461
TITLE	D
NAME	MILLARD, PHIL N.
STREET ADDRESS	7189 WASHINGTON AVE.
CITY- ST- ZIP	LAKE WORTH, FL 33462

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William J. Wilson William J. Wilson 04/18/08 (561)-967-5063