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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 750772 **(6)**

1. Corporation Name

A.L.P.H.A., "A BEGINNING," INC.

Principal Place of Business	Mailing Address
701-5TH AVENUE NORTH ST. PETERSBURG FL 33701	701-5TH AVENUE NORTH ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 01/25/1980

4. FEI Number: 59-1991525 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEEB, ROY
5635 7TH AVENUE N.
ST.PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	BVP	☐ Change ☒ Addition
NAME	BRETT, SUE		1.2 NAME	Susan Mittermayr	
STREET ADDRESS	2801 61ST ST NO		1.3 STREET ADDRESS	7132 S. Shore Dr. So	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	South Pasadent, Fl 33707	
TITLE	BP	☐ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	MCCLERNON, SUSAN		2.2 NAME	Cynthia Lee De Nunzio	
STREET ADDRESS	701 6TH ST S		2.3 STREET ADDRESS	3001 Leprechaun Lane	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	Palm Harbor, Fl 34683	
TITLE	D	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	SAUNDERS, JOSEPH J PA		3.2 NAME	John G. Cunningham	
STREET ADDRESS	530 SANDY HOOK RD		3.3 STREET ADDRESS	5756 Williams Blvd	
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP	Seminole, Fl 33772	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WATERBURY, MARK		4.2 NAME		
STREET ADDRESS	259 4TH AVE. N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEEB, ROY		5.2 NAME		
STREET ADDRESS	5635 7TH AVE N		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, BARBARA P		6.2 NAME		
STREET ADDRESS	1720 60TH ST S		6.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Susan E. McClernon Susan E. McClernon 4/30/98 813- 822-8190