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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 750772

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/25/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1991525 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEEB, ROY 5635 7TH AVENUE N. ST.PETERSBURG FL 33710.	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		☐ Change ☐ Addition
NAME	BRETT, SUE		1.2 NAME		
STREET ADDRESS	2801 61ST ST NO		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	BP	☒ DELETE	2.1 TITLE	BVP	☐ Change ☒ Addition
NAME	MCCLERNON, SUSAN		2.2 NAME	JOSEPH SAUNDERS	
STREET ADDRESS	701 6TH ST S		2.3 STREET ADDRESS	530 SANDY HOOK ROAD	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE	BVP	☐ DELETE	3.1 TITLE	BP	☒ Change ☐ Addition
NAME	SUSAN MITTERMAYR		3.2 NAME	title	
STREET ADDRESS	7132 S SHORE DR S		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH PASADENA FL 33707		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	CYNTHIA LEE DE NUNZIO		4.2 NAME	PAM WILLIAMS	
STREET ADDRESS	3001 LEPRECHAUN LN		4.3 STREET ADDRESS	5801 2ND STREET, SO	
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33705	
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	T	☐ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	JOHN G CUNNINGHAM		6.2 NAME	WILLIAM THOMAS	
STREET ADDRESS	5756 WILLIAMS BLVD		6.3 STREET ADDRESS	1048 12TH AVENUE, SO.	
CITY-ST-ZIP	SEMINOLE FL 33772		6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3/30/98 727-822-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #