2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 761652

1. Entity Name
FLORIDA ALPHA EDUCATIONAL FOUNDATION-PDT, INC.

Principal Place of Business	Mailing Address
253 N.W. MAIN BLVD. LAKE CITY, FL 32055 US	253 N.W. MAIN BLVD. LAKE CITY, FL 32055 US

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2180616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, GUY
253 N.W. MAIN BLVD.
LAKE CITY, FL 32055

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LANKOW, GEORGE
STREET ADDRESS	16806 THOMAS CHAPEL DRIVE
CITY-ST-ZIP	DALLAS, TX 752481535
TITLE	TD
NAME	TRIPLETT, TOM
STREET ADDRESS	2630 N.W. 41ST., ST., BUILDING B
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	LLOYD, ROBERT
STREET ADDRESS	1335 N WEMBLY CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	SD
NAME	NORRIS, GUY
STREET ADDRESS	201 N. MARION ST., SUITE 301
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	MASSEY, H W JR
STREET ADDRESS	801 SPENCER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	HEDRICK, DALE
STREET ADDRESS	1100 TECHNOLOGY PLACE STE 122
CITY-ST-ZIP	WEST PALM BEACH, FL 334074

U00000010091
01/22/04-80017-012 61.25

DO NOT WRITE IN THIS SPACE

12. 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 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: _____ 1-20-04 386-752-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #