2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# 761652

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

Current Principal Place of Business:

253 N.W. MAIN BLVD.
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

253 N.W. MAIN BLVD.
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 59-2180616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: TRIPLETT, TOM
Address: 2630 N.W. 41ST., ST., BUILDING B
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD ( ) Delete
Name: LLOYD, ROBERT
Address: 1335 N WEMBLY CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: PD ( ) Delete
Name: NORRIS, GUY
Address: 201 N. MARION ST., SUITE 301
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: MASSEY, H W JR
Address: 801 SPENCER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: HEDRICK, DALE
Address: 1100 TECHNOLOGY PLACE STE 122
City-St-Zip: WEST PALM BEACH, FL 334074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: NORRIS, GUY
Address: 253 NW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32055

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY W. NORRIS PD 04/20/2007

Electronic Signature of Signing Officer or Director Date