

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008959

FILED
Apr 28, 2006
Secretary of State

Entity Name: ALPHA PSYCHOLOGICAL CHRISTIAN CONCEPTS, INC.

Current Principal Place of Business:

7780 ALLSPICE CIR E
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7780 ALLSPICE CIR E
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 83-0407456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODARD, DAVID E
7780 ALLSPICE CIR E
JACKSONVILLE, FL 32244 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: PD () Delete
Name: WOODARD, DAVID E
Address: 7780 ALLSPICE CIR E
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD () Delete
Name: WOODARD, ANN SHELIA
Address: 7780 ALLSPICE CIR E
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: LYON, NORMA E
Address: 1701 ROGERO RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: WARREN, MAZIE
Address: 5257 BUNCH DR
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: LACY, D. CAMERON
Address: 19 SAN JUAN DR-THE POINTE-UNIT G-1
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DUNBAR, JOSHALINE
Address: 1979 W 10TH ST
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID E. WOODARD

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date