2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008959

FILED Apr 18, 2010 Secretary of State

Entity Name: ALPHA PSYCHOLOGICAL CHRISTIAN CONCEPTS, INC.

US

Current Principal Place of Business: New Principal Place of Business:

7780 ALLSPICE CIR E JACKSONVILLE, FL 32244

Current Mailing Address: New Mailing Address:

7780 ALLSPICE CIR E JACKSONVILLE, FL 32244

FEI Number: 83-0407456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODARD, DAVID E 7780 ALLSPICE CIR E JACKSONVILLE, FL 32244

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

 Name:
 WOODARD, DAVID E

 Address:
 7780 ALLSPICE CIR E

 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: VPD

 Name:
 WOODARD, ANN SHELIA

 Address:
 7780 ALLSPICE CIR E

 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: SD

 Name:
 LYON, NORMA E

 Address:
 1701 ROGERO RD

 City-St-Zip:
 JACKSONVILLE, FL 32211

Title: TD

Name: WARREN, MAZIE Address: 5257 BUNCH DR

City-St-Zip: JACKSONVILLE, FL 32209

Title: [

Name: LACY, D. CAMERON

Address: 19 SAN JUAN DR-THE POINTE-UNIT G-1 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: [

 Name:
 DUNBAR, JOSHALINE

 Address:
 1979 W 10TH ST

 City-St-Zip:
 JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: DAVID E. WOODARD JR. PD 04/18/2010