

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009058

FILED
Apr 04, 2008
Secretary of State

Entity Name: ALPHA WORLD-WIDE HUMANITARIAN CORPORATION, INC.

Current Principal Place of Business:

6990 HELMS ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6990 HELMS ROAD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-5549373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, LAVERN J
6990 HELMS ROAD
PENSACOLA, FL 32526 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: CEO () Delete
Name: KLEIN, LAVERN J
Address: 6990 HELMS ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: VCEO () Delete
Name: WILSON, DONALD E
Address: 2618 YOUNGWOOD LANE
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: EDWARDS, EVAN B
Address: 701 N. PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: PEARCE, STEPHEN K
Address: 1660 ROOK DR
City-St-Zip: PENSACOLA, FL 32506

Title: VP () Delete
Name: VAUGHT, RAYMOND
Address: 803 LAKEVIEW DR
City-St-Zip: BAY MINETTE, AL 36507

Title: VP () Delete
Name: WEBER, ROBERT
Address: 6530 EL PRESIDIO DR
City-St-Zip: PENSACOLA, FL 32504

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:

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Address:
City-St-Zip:

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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 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: DONALD E. WILSON

VCEO

04/04/2008

Electronic Signature of Signing Officer or Director

Date