

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 APR 26 AM 11:20

DOCUMENT # NZ135?

1. Corporation Name
La Alpha Learning and Development Center, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1225 W. 29th St. Jacksonville, FL 32209
P.O. Box 9542 Jacksonville, FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1987	3a. Date of Last Report 04/12/94
4. FEI Number 59-2829232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1225 W. 29th Street	26 P.O. Box 9542
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Country
24 32209	25 USA
29 32208	30 USA

9. Name and Address of Current Registered Agent

81 Name **Grace Thomas**

82 Street Address (P.O. Box Number is Not Acceptable)
5393 Tulman Drive North

83 **700001468287**

84 City **Jacksonville** **04/28/95** **01105126000A**
*******68.75 FL *****32208**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Grace Thomas Grace Thomas DATE: April 12, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Earl Ray
STREET ADDRESS		1.3 STREET ADDRESS	7170 Lem Turner Circle
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Jacksonville, FL 32208
TITLE		2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Grace Thomas
STREET ADDRESS		2.3 STREET ADDRESS	7170 Lem Turner Circle
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Jacksonville, FL 32208
TITLE		3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Kim Tucker
STREET ADDRESS		3.3 STREET ADDRESS	4266 Carroll Drive
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Jacksonville, FL 32209
TITLE		4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Edward A. Bryant
STREET ADDRESS		4.3 STREET ADDRESS	1935 W. 44th St.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Jacksonville, FL 32209
TITLE		5.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Yolanda Ray
STREET ADDRESS		5.3 STREET ADDRESS	1319 LaCleda Ave. #212
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Jacksonville, FL 32205
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>208</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>4-26</i>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Grace Thomas Grace Thomas DATE: 4/12/95 904-767-1830