

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21357 (1)

1. Corporation Name
LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORPORATED



Principal Place of Business 1225 W 29TH JACKSONVILLE FL 32209 US	Mailing Address P.O. BOX 9542 JACKSONVILLE FL 32208-0542
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3. Date Incorporated or Qualified 06/29/1987	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number 59-2829232	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMAS, GRACE 5393 TUBMAN DRIVE, NORTH JACKSONVILLE FL 32208	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Grace Thomas* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RAY, EARL	1.1 TITLE	
NAME	7170 LEM TURNER CIRCLE	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32208	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD THOMAS, GRACE	2.1 TITLE	
NAME	7170 LEM TURNER CIRCLE	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32208	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD TUCKER, KIM	3.1 TITLE	
NAME	4288 CARROLL DR	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32209	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BRYANT, EDWARD A.	4.1 TITLE	
NAME	1935 W. 44TH ST.	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32209	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD RAY, YOLANDA	5.1 TITLE	
NAME	7114 RUSSELL ST	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 3-21-97 9047651830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005013

CR2E037 (9/96)