FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORP ORATED																		
Principal Place of Business Mailing Address												r of british did them trade in	IUS WISH I		Alt Billi A	181 9191	II BIBII 3001	
1225 W 29TH P.O. BOX 9542 JACKSONVILLE FL 32209 JACKSONVILLE FL 32208 US						12208					Date Incorporated or Qui 06/29/1987	alified						
											4.	FEI Number			<u> </u>		olied For	
2. Principal Place of Business					l Co. Malling Address						59-2829232					Applicable		
21					2a. Mailing Address 26					5.	Certificate of Status Desli	red			75 A	dditional Juired		
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						6.	Election Campaign Finan Trust Fund Contribution	cing	П		M 00		
	City & State	City & State				City & State					7. Is this nonprofit corporation a homeowners association?							
23						26					☐ Yes ☐ No							
	Zip		Count	ry		Zip		Count	ry		8.	This corporation owes or	has pa	aid the cu	rrent ye	ar Inta	ngible	
24			25		29		30				_L_	Personal Property Tax du			Yes	<u> </u>	No	
Name and Address of Current Registered Agent											10.	Name and Address of N	low Re	gistered	Agent			
THOMAS, GRACE								8	1	Name Street Add	ress (F	P.O. Box Number is Not Ac	ceptal	ole)				
5393 TUBMAN DRIVE, NORTH						L	1											
JACKSONVILLE FL 32208							8:	3										
								8	4	City				FL	85	Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																		
12	12. OFFICERS AND DIRECTORS 13.											ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TIT	LE	PD				DELE	TE	1.1 TITLE	_						☐ Ch		Addition	
NA	AME RAY, EARL						ı	1.2 NAME								-		
ST	EET ADDRESS 7170 LEM TURNER CIRCLE							1.3 STRE	ET A	ODRESS		4						
СП	CITY-SI-ZIP JACKSONVILLE FL 32208						1.4 CITY - ST - ZIP											
TIT	ŭ.	VD .				DELE	TE	2.1 TITLE							Cha	ange	Addition	
NA	NAME THOMAS, GRACE					2			2.2 NAME									

7170 LEM TURNER CIRCLE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32208 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TUCKER, KIM 3.2 NAME NAME 4266 CARROLL DR STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BRYANT, EDWARD A. NAME 4.2 NAME 1935 W. 44TH ST. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32209 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE RAY, YOLANDA 5.2 NAME NAME 7114 RUSSELL ST STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TIFLE Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 appendment with an address.

FILED

Apr 10 1998 8:00am

Secretary of State