

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22078

FILED  
Jan 16, 2007  
Secretary of State

**Entity Name:** FLORIDA ALPHA EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

215 SOUTH MONROE STREET  
SUITE 200  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

215 SOUTH MONROE STREET  
SUITE 200  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-2844186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELEGAL, MARK K.  
215 SOUTH MONROE STREET  
SUITE 200  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: DELEGAL, MARK K  
Address: 215 S. MONROE STREET, SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: KELLY, MATTHEW S  
Address: 2520 NW 38TH DR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: LANG, JAMES F  
Address: 2525 NW 22ND AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: HENDON, DAVID M  
Address: 3912 NW 65TH AVE.  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D ( ) Delete  
Name: THRASHER, TREY  
Address: 908 NORTH GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

**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:

Title: ( ) Change ( ) Addition  
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 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: MARK K. DELEGAL

PD

01/16/2007

Electronic Signature of Signing Officer or Director

Date