

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #N22078

1. Entity Name  
FLORIDA ALPHA EDUCATIONAL FOUNDATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 24 PM 1:09

Principal Place of Business  
101 N. RIVERSIDE DRIVE  
SUITE 122  
POMPANO BEACH, FL 33062

Mailing Address  
101 N. RIVERSIDE DRIVE  
SUITE 122  
POMPANO BEACH, FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-2844186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, JEFFREY P  
101 N. RIVERSIDE DRIVE  
SUITE 122  
POMPANO BEACH, FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILSON, JEFFREY P  
STREET ADDRESS 101 N. RIVERSIDE DRIVE, SUITE 122  
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☐ Delete

TITLE D  
NAME KELLY, MATTHEW S  
STREET ADDRESS 2520 NW 38TH DR  
CITY-ST-ZIP GAINESVILLE, FL 32605 ☒ Delete

TITLE D  
NAME LANG, JAMES F  
STREET ADDRESS 2525 NW 22ND AVE  
CITY-ST-ZIP GAINESVILLE, FL 32605 ☒ Delete

TITLE D  
NAME HENDON, DAVID M  
STREET ADDRESS 3912 NW 65TH AVE.  
CITY-ST-ZIP GAINESVILLE, FL 32653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME Steve Shrewbrooks  
STREET ADDRESS 4248 Fairway Dr.  
CITY-ST-ZIP Jacksonville, FL 32210 ☐ Change ☒ Addition

TITLE  
NAME Bill Bell  
STREET ADDRESS 206 Chapel Ln  
CITY-ST-ZIP Boyce, VA 22620 ☐ Change ☒ Addition

TITLE  
NAME Bob Banting  
STREET ADDRESS 1434 SE Atlantic Dr  
CITY-ST-ZIP Lantana, FL 33462 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

682

41808

41808

111-560

252

## FLORIDA ALPHA EDUCATIONAL FOUNDATION, INC.

### BOARD OF DIRECTORS

**Jeffrey P. Wilson**

**President**

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**Vice President**

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**Bob Banting**

**Secretary**

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**Phone (Home): 561-585-5149**

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