

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22078

FILED  
Apr 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

WILSON, JEFFREY P  
101 N. RIVERSIDE DRIVE  
SUITE 122  
POMPANO BEACH, FL 33062 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: WILSON, JEFFREY P  
Address: 101 N. RIVERSIDE DRIVE, SUITE 122  
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: VP ( ) Delete  
Name: SHEWBROOKS, STEVE  
Address: 4248 FAIRWAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete  
Name: BELL, BILL  
Address: 206 CHAPEL LANE  
City-St-Zip: BOYCE, VA 22620

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

Title: S ( ) Delete  
Name: BANTING, BOB  
Address: 1434 SE ATLANTIC DR.  
City-St-Zip: LANTANA, FL 33462

**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 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: JEFFREY WILSON

PD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date