2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22078

FILED Apr 03, 2009 Secretary of State

Entity Name: FLORIDA ALPHA EDUCATIONAL FOUNDATION, INC.

	imerpai r idet	e of Business:	New Principal Pla	
101 N. RIV SUITE 122	ERSIDE DRIV	/E		
	BEACH, FL	33062		
Current M	ailing Addres	ss:	New Mailing Addr	ress:
101 N. RIV	ERSIDE DRIV	/E		
SUITE 122	BEACH, FL	33062		
	59-2844186	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:
	JEFFREY P	/ ⊏		
SUITE 122				
OMPANC	BEACH, FL	33062 US		
	named entity	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
SIGNATUF	RE:			
SIGNATUF		nic Signature of Registered Age	ent	 Date
SIGNATUF				Date NGES TO OFFICERS AND DIRECTOR
OFFICERS	Electron S AND DIREC			
DFFICERS itle: lame:	Electron S AND DIREC PD (WILSON, JEFF	TORS:) Delete FREY P	ADDITIONS/CHAN Title: Name:	NGES TO OFFICERS AND DIRECTOR
	Electron S AND DIREC PD (WILSON, JEFF 101 N. RIVERS	TORS:) Delete	ADDITIONS/CHAN	NGES TO OFFICERS AND DIRECTOR
DFFICERS itle: lame: ddress: bity-St-Zip:	Electron S AND DIREC PD (WILSON, JEFF 101 N. RIVERS POMPANO BEA	TORS:) Delete FREY P SIDE DRIVE, SUITE 122	ADDITIONS/CHAN Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR
DFFICERS itle: lame: ddress: itly-St-Zip: itle: lame:	Electron S AND DIREC PD (WILSON, JEFF 101 N. RIVERS POMPANO BEA VP (SHEWBROOKS	PTORS: Delete FREY P SIDE DRIVE, SUITE 122 ACH, FL 33062 Delete S, STEVE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	NGES TO OFFICERS AND DIRECTOR () Change () Addition
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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