

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 APR 28 PM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46703** (7)

1. Corporation Name
ALPHA LEADERSHIP EDUCATION FOUNDATION, INC.

Principal Place of Business: **2027 26TH STREET SOUTH ST PETERSBURG FL 33712**
Mailing Address: **2027 26TH STREET SOUTH ST PETERSBURG FL 33712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3123718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GIVENS, CLARENCE C 2027 26TH STREET SOUTH ST PETERSBURG FL 33712	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC GIVENS, CLARENCE C 2027 26TH STREET SOUTH ST PETERSBURG FL	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIVENS, CLARENCE C	1.2 NAME	BRADLEY, RUDOLPH
STREET ADDRESS	2027 26TH STREET SOUTH	1.3 STREET ADDRESS	424 CENTRAL AVENUE SUITE 904
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	ST PETERSBURG FL 33701
TITLE	DT MOHR, JEH 934 UNION ST SOUTH ST PETERSBURG FL	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHR, JEH	2.2 NAME	TAYLOR, TEQUILLA
STREET ADDRESS	934 UNION ST SOUTH	2.3 STREET ADDRESS	13413 SUNVALE PLACE
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	TAMPA FL 33626
TITLE	DVC HEARD, ISRAEL 3800 38TH STREET SOUTH ST PETERSBURG FL	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, ISRAEL	3.2 NAME	WILFALK, LENA
STREET ADDRESS	3800 38TH STREET SOUTH	3.3 STREET ADDRESS	4200 54TH AVENUE SOUTH
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	ST PETERSBURG FL 33711
TITLE	D HALLIN, RICHARD R 6211 SUN BLVD #308 ST PETERSBURG FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLIN, RICHARD R	4.2 NAME	
STREET ADDRESS	6211 SUN BLVD #308	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	DS GIVENS, CEDRIC C 12909 GORDA CIR E LARGO FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, CEDRIC C	5.2 NAME	
STREET ADDRESS	12909 GORDA CIR E	5.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 attachment with an address.

SIGNATURE: CLARENCE C GIVENS 4/29/95 (812227) 8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature)