


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33712-3041
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3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country

4. FEI Number 59-3123718	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, RUDOLPH	1.2 NAME	LANG, JACQUELYN
STREET ADDRESS	424 CENTRAL AVE SUITE 904	1.3 STREET ADDRESS	1077 54TH AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, TEQUILLA	2.2 NAME	GIVENS, WILLETTE C.
STREET ADDRESS	13413 SUNVALE PLACE	2.3 STREET ADDRESS	145 22ND AVENUE SE.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILFALK, LENA	3.2 NAME	
STREET ADDRESS	4200 54TH AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, CLARNCE C	6.2 NAME	
STREET ADDRESS	2027 26TH ST SO	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: 4/26/97 Daytime Phone # 0050907

CR2E037 (9/96)