

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|---|---|

3. Date Incorporated or Qualified
12/30/1991

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-3123718 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | LANG, JACQUELYN | |
| STREET ADDRESS | 1077 54TH AVE. S. | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | GIVENS, WILLETTE C. | |
| STREET ADDRESS | 145 22ND AVE. S.E. | |
| CITY - ST - ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HALLIN, RICHARD R | |
| STREET ADDRESS | 8211 SUN BLVD #308 | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | GIVENS, CLARENCE C | |
| STREET ADDRESS | 2027 26TH ST SO | |
| CITY - ST - ZIP | ST PETERSBURG FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | DC |
| 4.3 STREET ADDRESS | GIVENS, CLARENCE |
| 4.4 CITY - ST - ZIP | 2027 26TH ST SO ST PETERSBURG FL |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I 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: _____ **4/28/98**

CR2E037 (10/97)