

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91107 005 ****61.25

0062063

DOCUMENT # N46703

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3123718

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GIVENS, CLARENCE C
 2027 26TH STREET SOUTH
 ST PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. 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 checked="" type="checkbox"/> Delete
NAME	HALLIN, RICHARD R	
STREET ADDRESS	6211 SUN BLVD #308	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GIVENS, CLARENCE	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JACQUELYN	
STREET ADDRESS	2020 26TH STREET SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEDRIC C GIVENS	
STREET ADDRESS	13107 RIVIERA TERRACE	
CITY-ST-ZIP	SILVERSPRINGS, MD 20904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

327-8385
 Daytime Phone #

CR2E037 (10/00)