

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46703

FILED  
Apr 14, 2004  
Secretary of State

**Entity Name:** ALPHA LEADERSHIP EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

2027 26TH STREET SOUTH  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

2027 26TH STREET SOUTH  
ST PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 59-3123718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: LANG, JACQUELYN  
Address: 2020 26TH STREET S  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: DT ( ) Delete  
Name: GIVENS, WILLETTE C.  
Address: 145 22ND AVE. S E.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: GIVENS, CEDRIC C  
Address: 13107 RIVIERA TERRACE  
City-St-Zip: SILVER SPRINGS, MD 20909

Title: DC ( ) Delete  
Name: GIVENS, CLARENCE  
Address: 2027 26TH ST SO  
City-St-Zip: ST PETERSBUG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARENCE GIVENS

DC

04/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date