

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2007  
Secretary of State**

DOCUMENT# N46703

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      US

**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: GIVENS, RODERICK C  
Address: 4 CLUB DRIVE  
City-St-Zip: NATCHEZ, MS 39120

Title: D      ( ) Delete  
Name: GIVENS, DARLENE C  
Address: 19911 POWERSCOURT DR  
City-St-Zip: HUMBLE, TX 77346

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

Title: DC      ( ) Delete  
Name: GIVENS, CLARENCE C  
Address: 2027 26TH ST SO  
City-St-Zip: ST PETERSBURG, FL 33712

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

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

Title: D      (X) Change ( ) Addition  
Name: GIVENS, DARLENE C  
Address: 2703 SAN DIEGO  
City-St-Zip: MISSION, TX 78572

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 Chapter 119, 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 C GIVENS

DC

04/06/2007

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

\_\_\_\_\_  
Date