

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46703

FILED  
Feb 02, 2010  
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 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  
Name: GIVENS, RODERICK C  
Address: 4 CLUB DRIVE  
City-St-Zip: NATCHEZ, MS 39120

Title: D  
Name: GIVENS, DARLENE C  
Address: 4608 ARLINGTON AVENUE NW  
City-St-Zip: ALBUQUERQUE, NM 87114

Title: DT  
Name: GIVENS, CEDRIC C  
Address: 1800 SYCAMORE HEIGHTS CT  
City-St-Zip: BOWIE, MD 20721

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

I hereby 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 all other like empowered.

SIGNATURE: CLARENCE C. GIVENS

C

02/02/2010

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

\_\_\_\_\_  
Date