**FILED** FILE NOW: FILING FEE IS \$61.25 NONPROFIT Jul 29 1998 8:00am FLORIDA DEPARAMENT OF STATE **CORPORATION** Sandra B, Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # N49922 (0)ALPHA "A BEGINNING" FOUNDATION, INC. Principal Place of Business Mailing Address 701 5TH AVE N 701 5TH AVE N 3. Date Incorporated or Qualified ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 07/17/1992 4. FEI Number Applied For 65-0468033 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 1D. Name and Address of New Registered Agent DIVITO, JOSEPH A. 82 Street Address (P.O. Box Number is Not Acceptable) **4514 CENTRAL AVE** 83 ST PETERSBURG FL 33711 84 City Zip Code 85 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 hanging 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change X Addition TITLE 2801 013T STREET, N. 8022-Elbow Lane N. NAME 1.2 NAME Kenneth Cherven O. Box 2910 350 East Bay Drive 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change TITLE 2.1 TITLE CHUMBRIS, STEPHEN C NAME 2.2 NAME 8022 STIMIE AVE N STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP 31 TITLE Change Addition TITLE ROBERTS, KATHLEEN NAME 3.2 NAME 10265 SHADY OAK LN STREET ADDRESS 3.3 STREET ADDRESS - GEMINIOUE FL 33777 - 1156 CITY-ST-ZIP 3.4. CITY-ST-ZIP Largo Change \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/29/98

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.

STREET ADDRESS

CIGNATURE:

CITY-ST-ZIP