


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 09 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N92000000932 (5)**  
1. Corporation Name

**ALPHA INSTITUTE, INCORPORATED**

|                                                                                                                                 |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>% ST. PETERSBURG JR. COLLEGE<br/>CLEARWATER BRANCH. ATTN: JOSEPH SMILEY<br/>CLEARWATER FL</b> | Mailing Address<br><b>2806 TORREY PINES CT.<br/>CLEARWATER FL 34621</b> |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



|                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br><b>12/21/1992</b><br>4. FEI Number<br><b>59-3158403</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, JAMES V  
2806 TORREY PINES COURT  
CLEARWATER FL 34621**

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| FL 85 Zip Code                                        |

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 changing 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)

DATE

| 12. OFFICERS AND DIRECTORS |                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PIERCE, JAMES V</b>                    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2806 TORREY PINES CT.</b>              | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CLEARWATER FL 34621</b>                | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOWIE, DARRY</b>                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1878 DREW ST</b>                       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CLEARWATER FL 34625-2811</b>           | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>DD</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WATERS, JAMES</b>                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>31560 U.S. HIGHWAY 19 N.</b>           | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PALM HARBOR FL 34684</b>               | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCKAHAND, DONNIE</b>                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1465 FAIRMOUNT</b>                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>CLEARWATER FL 34619</b>                | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARINA, JONATHAN</b>                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1201 SEMINOLE BLVD., #134</b>          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>LARGO FL 34648</b>                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                           | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                           | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                           | 6.4 CITY-ST-ZIP                                       |                                                                   |

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.

SIGNATURE:

*[Handwritten Signature]* 7/1/98 8:31-461-6211

CR2E037 (10/97)