


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000932	
1. Entity Name ALPHA INSTITUTE, INCORPORATED	

Principal Place of Business 1932 DREW ST SUITE 8 CLEARWATER, FL 33765	Mailing Address OMICRON BETA LAMBDA P O BOX 10595 CLEARWATER, FL 33757-8595 US
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07142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3158403	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERCE, JAMES V 2906 TORREY PINES COURT CLEARWATER, FL 34621
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PIERCE, JAMES V 2906 TORREY PINES CT. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRYANT, WILLIE 11172 120TH TERR NORTH LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD WATERS, JAMES 2451 BOND AVENUE CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCKAHAND, DONNIE 1465 FAIRMOUNT CLEARWATER, FL 34619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LIGHTFOOT, JERMAINE 2211 REPUBLIC DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/22/04-80011-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pierce James V Pierce 7/20/04 727-821-6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #