

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90185 041 ****61.25

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 10596
CLEARWATER FL 33757-8595
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3158403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PIERCE, JAMES V
2906 TORREY PINES COURT
CLEARWATER FL 34621**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 James V. Pierce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PIERCE, JAMES V**
STREET ADDRESS **2906 TORREY PINES CT.**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TD** ☒ Delete
NAME **BOWIE, DARRY**
STREET ADDRESS **1876 DREW ST**
CITY-ST-ZIP **CLEARWATER FL 34625-2911**

TITLE **DD** ☐ Delete
NAME **WATERS, JAMES**
STREET ADDRESS **2451 BOND AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **SD** ☐ Delete
NAME **MCKAHAND, DONNIE**
STREET ADDRESS **1465 FAIRMOUNT**
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **SD** ☒ Delete
NAME **EVANS, WENDEL**
STREET ADDRESS **19225 GARDEN QUILT CIRCLE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition
NAME **Pierce, James**
STREET ADDRESS **2906 Torrey Pines Ct**
CITY-ST-ZIP **Clear, FL 33761**

TITLE **D/S** ☒ Change ☒ Addition
NAME **Willie Bryant**
STREET ADDRESS **11172 120th Terrace North**
CITY-ST-ZIP **Largo, FL 33778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Jermaine Lightfoot D/T**
STREET ADDRESS **2211 Republic Drive**
CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: [Signature] **REQUIRED**

4/30/03 727-821-6607

CR2E037 (10/02)