2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90167 025 ****61.25

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1. Entity Name
ALPHA ONE FOUNDATION, INC.

94068876

Principal Place of Business	Mailing Address
2937 S.W. 27 AVE STE. 302 MIAMI, FL 33133 US	2937 S.W. 27 AVE STE. 302 MIAMI, FL 33133 US

03092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0585415
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, JOHN W
2937 S.W. 27TH AVE
STE. 302
MIAMI, FL 33133

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	WALSH, JOHN W
STREET ADDRESS	2937 S.W. 27TH AVE, STE. 302
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	STD
NAME	WITHERS, WAYNE E JR
STREET ADDRESS	10890 NW 29TH ST.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	COGAN, STEW ESQ`
STREET ADDRESS	1301 5TH AVE STE 2600
CITY-ST-ZIP	SEATTLE, WA 981012618
TITLE	D
NAME	EVERETT, SARAH E ESQ
STREET ADDRESS	24 HOLLY ROAD
CITY-ST-ZIP	WABAN, MA 02468
TITLE	D
NAME	SCHUCK, EDWARD A
STREET ADDRESS	395 LAKE ST WEST
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	CD
NAME	HULES, GREG
STREET ADDRESS	1715 1/2 PULASKI RD.
CITY-ST-ZIP	BUFFALO, MN 55313

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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: _____ John W. Walsh, President + CEO _____ 305-567-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #