

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003471

1. Entity Name
ALPHA EDUCATION READING AND TUTORIAL
SERVICES INC.



Principal Place of Business
867 AZALEA DRIVE
ROYAL PALM BEACH, FL 33411

Mailing Address
867 AZALEA DRIVE
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0695579

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DOLORES OLIVIA
867 AZALEA DRIVE
ROYAL PALM BEACH, FL 33411

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

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 7, 2005

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 PDC ☐ Delete
NAME ROBINSON, DOLORES O
STREET ADDRESS 867 AZALEA DR
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE VP ☐ Delete
NAME MOSLEY, LESTER
STREET ADDRESS 301 N.W. 11TH STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ST ☐ Delete
NAME HOLMES, WILLIAM
STREET ADDRESS 301 NW 11TH STREET
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D ☐ Delete
NAME COLLIER, MICHEAL
STREET ADDRESS 541 RARDIN AVE
CITY-ST-ZIP PAHOKEE, FL 33476

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600058477976
CITY-ST-ZIP 08/11/05--01034--006 **70.00

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Dolores O. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05 (561) 790-5505
Date Daytime Phone #

M. Williams JUL 26, 2005

FILED

05 JUL 26 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

