

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003471

FILED
Jun 24, 2009
Secretary of State

Entity Name: ALPHA EDUCATION READING AND TUTORIAL SERVICES INC.

Current Principal Place of Business:

867 AZALEA DRIVE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

867 AZALEA DRIVE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0695579 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, DOLORES O PRES.
867 AZALEA DRIVE
ROYAL PALM BEACH, FL 33411 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: ROBINSON, DOLORES O
Address: 867 AZALEA DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: MOSLEY, LESTER
Address: 301 N.W. 11TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: ST () Delete
Name: SINGSTER, SHARON
Address: 7071 GARDEN ROAD
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: COLLIER, MICHEAL
Address: 1102 WEST AVE .A
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES O. ROBINSON

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

Date