

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1998 1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 OCT 14 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N96000000535  
1. Corporation Name

ALPHA ACADEMY ALUMNAE ASSOCIATION, SOUTH  
FLORIDA, INC.

Principal Place of Business Mailing Address  
8015 N W 100 Drive 8015 N W 100 Drive  
Tamarac, FL 33321 Tamarac, FL 33321

8. Date Incorporated or Qualified  
JANUARY 30, 1996

4. FEI Number Applied For  
65-0662913 Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

Yvonne Hall  
305 South Andrews Ave, S-205  
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name Daphne Theodore  
82 Street Address (P.O. Box Number is Not Acceptable)  
8015 N W 100 Drive  
83  
84 City Tamarac FL 85 Zip Code 33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Daphne H. Theodore*  
Signature, typed or printed name of registered agent and title if applicable

10/1/99  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President/Treasurer/Dir.	<input type="checkbox"/> DELETE
NAME	Theodore, Daphne	
STREET ADDRESS	8015 N W 100 Drive	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	Secretary/Dir	<input type="checkbox"/> DELETE
NAME	Moss-Solomom, Marjorie	
STREET ADDRESS	1420 N W 100 Way	
CITY-ST-ZIP	Plantation, FL 33332	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Murray, Shirley	
STREET ADDRESS	1431 N W 207 Street	
CITY-ST-ZIP	Miami, FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500003021715-7
1.3 STREET ADDRESS	-10/22/99--01011--002
1.4 CITY-ST-ZIP	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daphne H. Theodore* 10/12/99 (954) 963-2567  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Alpha Academy Alumnae Association,  
South Florida, Inc.  
8015 N W 100 Drive  
Tamarac, FL 33321

October 10, 1999

Secretary of State  
Attention: Ms. Loria Y. Poole  
Division of Corporations  
State of Florida  
Tallahassee, FL 32304

Dear Ms. Poole:

Re: Registration of Alpha  
a NonProfit Corporation  
for 1999.

I am very sorry to report that I am late in filing the  
attached revised Annual Report for 1999 because I relocated  
and am presently living at the above address.

Thank you for your kind assistance in this matter.

Sincerely,

*Daphne Theodore*  
*per B*

Enclosure: one check for \$61.25.

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