

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90192 044 \*\*\*\*70.00

<b>DOCUMENT # N98000006588</b> 1. Entity Name ABC, 123 ALTERNATIVE LEARNING ACADEMY, INC.					
Principal Place of Business 4024 WATCH HILL ROAD ORLANDO, FL 32808			Mailing Address 4024 WATCH HILL ROAD ORLANDO, FL 32808		
2. Principal Place of Business <b>750 THOMPSON AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>750 THOMPSON AVE.</b> Suite, Apt. #, etc.		<b>24070557</b>  	
City & State <b>MAITLAND, FL</b>		City & State <b>MAITLAND, FL</b>		4. FEI Number <b>59-3544875</b>	
Zip <b>32751</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EDY, FAYBELLE F DR</b> <b>4024 WATCH HILL ROAD</b> <b>ORLANDO, FL 32808</b>		7. Name and Address of New Registered Agent Name <b>DR. FAYBELLE F. EADY</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 W. 10TH STREET</b>  City <b>APOPKA</b> <b>FL</b> Zip Code <b>32703</b>			
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 <u>DR. FAYBELLE F. EADY, REGISTERED AGENT</u> <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EADY, FAYBELLE F CHAIRMA 4024 WATCH HILL ROAD ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EADY, FAYBELLE F. CHAIRMAN 150 W. 10TH ST. APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GORDON, BETTY YATES CO-CHAIR 107 ALBRIGHTON DRIVE LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, ALMEDA B 3476 SUNNY VIEW CIRCLE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, DOROTHY 139 CLARK STREET MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, GWENDOLYN M 606 KATHERINE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMING, LOUISSTEEN 421 CAMPUS VIEW DRIVE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Dr. Faybelle F. Eady</u> <b>DR. FAYBELLE F. EADY, PRES.</b> <u>APRIL 29, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					