

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90097 042 ****70.00

DOCUMENT # N98000006588 1. Entity Name ABC, 123 ALTERNATIVE LEARNING ACADEMY, INC.					
Principal Place of Business 750 THOMPSON AVE MAITLAND, FL 32751			Mailing Address 750 THOMPSON AVE MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3544875	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EDY, FAYBELLE F DR 150 W. 10TH STREET APOPKA, FL 32703				7. Name and Address of New Registered Agent Name <u>Eady, Faybelle F. Dr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>150 W. 10th St</u> <u>Apopka</u> City <u>Apopka</u> FL Zip Code <u>32703</u>	
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</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-29-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EADY, FAYBELLE F CHAIRMA 150 W. 10TH ST. APOPKA, FL 32703	<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	DV GORDON, BETTY YATES CO-CHAI 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.					
SIGNATURE: <u>Dr. Faybelle F Eady</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-29-05</u> Daytime Phone # <u>907 814 9360</u>	

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