

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006588

FILED
Apr 30, 2007
Secretary of State

Entity Name: ABC, 123 ALTERNATIVE LEARNING ACADEMY, INC.

Current Principal Place of Business:

750 THOMPSON AVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

750 THOMPSON AVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3544875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EADY, FAYBELLE F DR
150 W. 10TH STREET
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: EADY, FAYBELLE F CHAIRMA
Address: 150 W. 10TH ST.
City-St-Zip: APOPKA, FL 32703

Title: DV () Delete
Name: GORDON, BETTY YATES CO-CHAI
Address: 107 ALBRIGHTON DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: ALEXANDER, ALMEDA B
Address: 3476 SUNNY VIEW CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: TD () Delete
Name: ANDERSON, DOROTHY
Address: 139 CLARK STREET
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MACK, GWENDOLYN M
Address: 606 KATHERINE
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: CUMMING, LOUISSTEEN
Address: 421 CAMPUS VIEW DRIVE
City-St-Zip: ORLANDO, FL 32810

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:

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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: FAYBELLE F. EADY

DP

04/30/2007

Electronic Signature of Signing Officer or Director

Date