2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N98000006588

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:	
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: FAYBELLE F. EADY DP 04/30/2008

Electronic Signature of Signing Officer or Director — Date