

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000934

FILED
Jul 05, 2005
Secretary of State

Entity Name: ALPHA EDUCATIONAL & LEADERSHIP FOUNDATION, INC.

Current Principal Place of Business:

2364 RYAN PLACE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2364 RYAN PLACE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3560158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRIS, GREGORY J
2364 RYAN PLACE
TALLAHASSEE, FL 32309 US

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: HARRIS, GREGORY J
Address: 2364 RYAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DV () Delete
Name: CRUMEL, JAMES
Address: 890 HILL ROOST ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: SIMMONS, RYAN D
Address: 205 W 3RD AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: DENNIS, ALFRED
Address: 2217 GREENWICH WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change () Addition
Name: STOKES, CLIFFORD JR.
Address: 4866 PLANTERS RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY J. HARRIS

DP

07/05/2005

Electronic Signature of Signing Officer or Director

Date