

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90734 027 \*\*\*150.00

DOCUMENT # P97000057280 ✓  
1. Entity Name Alpha Academy of Merritt Island Inc

**DO NOT WRITE IN THIS SPACE**

B0061674

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5525 N. Courtenay Pkwy</u> Suite, Apt. #, etc. <u>A</u>		3. Mailing Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Merritt Is, Florida</u>		City & State	
Zip <u>32953</u>	Country <u>Brevard</u>	Zip	Country
4. FEI Number <u>59-3472851</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Margaret K. Peters</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3791 Sierra Drive</u>	
City <u>Merritt Island</u>	FL Zip Code <u>32953</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.		
SIGNATURE <u>Margaret K. Peters</u> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>3/29/02</u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Paul F. Peters-CEO</u> <u>3791 Sierra Dr</u> <u>Merritt Island, Fl. 32953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>April Peters - secretary</u> <u>3705 Topaz Court</u> <u>Merritt Island, Fl. 32953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kim Peters - treasury</u> <u>625 Heron Dr</u> <u>Merritt Is, Fl. 32953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret K. Peters 3/29/02 321-453-7072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)