

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46703

**FILED  
Feb 10, 2013  
Secretary of State  
CC3016405365**

**Entity Name:** ALPHA LEADERSHIP EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

2027 26TH STREET SOUTH  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

2027 26TH STREET SOUTH  
ST PETERSBURG, FL 33712

**FEI Number: 59-3123718**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GIVENS, CLARENCE C  
2027 26TH STREET SOUTH  
ST PETERSBURG, FL 33712 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

**Officer/Director Detail :**

Title DT  
Name GIVENS, RODERICK C  
Address 4 CLUB DRIVE  
City-State-Zip: NATCHEZ MS 39120

Title DS  
Name MILLER, DARLENE C  
Address 118 DEJAY DRIVE  
City-State-Zip: FRANKLIN TN 37064

Title D  
Name GIVENS, CEDRIC C  
Address 6605 96TH AVENUE  
City-State-Zip: LANHAM MD 20706

Title DC  
Name GIVENS, CLARENCE C  
Address 2027 26TH ST SO  
City-State-Zip: ST PETERSBURG FL 33712

*I hereby 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 all other like empowered.*

**SIGNATURE: CLARENCE C GIVENS**

**CHAIRMAN**

**02/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date