

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 049 ****61.25

DOCUMENT # N21357
 1. Entity Name
 LA ALPHA LEARNING AND DEVELOPMENT CENTER,
 INCORPORATED



Principal Place of Business
 1225 W 29TH
 JACKSONVILLE, FL 32209 US

Mailing Address
 P.O. BOX 9542
 JACKSONVILLE, FL 32208

50037252



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-2829232

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, GRACE
 5393 TUBMAN DRIVE, NORTH
 JACKSONVILLE, FL 32208

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME RAY, EARL Delete
 STREET ADDRESS 7170 LEM TURNER CIRCLE
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME THOMAS, GRACE Delete
 STREET ADDRESS 7170 LEM TURNER CIRCLE
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME BLACK, DORIS Delete
 STREET ADDRESS 9101 PEARL STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME BRYANT, EDWARD A. Delete
 STREET ADDRESS 1935 W. 44TH ST.
 CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME RAY, KIMBERLY S Delete
 STREET ADDRESS 762 SUNKEN MEADOWS LN
 CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grace Thomas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 904-766-1256
 Date Daytime Phone #