

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21357

FILED
Apr 08, 2009
Secretary of State

Entity Name: LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORPORATED

Current Principal Place of Business:

1225 W 29TH
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9542
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-2829232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, GRACE
5393 TUBMAN DRIVE, NORTH
JACKSONVILLE, FL 32208 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: PD () Delete
Name: GRACE, THOMAS
Address: 762 SUNKEN MCADOW LN
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VD () Delete
Name: THOMAS, GRACE
Address: 7170 LEM TURNER CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: SD () Delete
Name: BLACK, DORIS
Address: 9101 PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D () Delete
Name: BRYANT, EDWARD A.
Address: 1935 W. 44TH ST.
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: TD () Delete
Name: RAY, KIMBERLY S
Address: 762 SUNKEN MEADOWS LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: WILSON, KIMBERLY
Address: 4423 MONCRIEF RD WEST
City-St-Zip: JACKSONVILLE, FL 32209

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:

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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: GRACE THOMAS

PD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date