

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90145 003 \*\*\*\*61.25

0004927

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N21357**

1. Corporation 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2829232

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, GRACE  
 5393 TUBMAN DRIVE, NORTH  
 JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME TUCKER, KIM  
 STREET ADDRESS 4266 CARROLL DR  
 CITY-ST-ZIP JACKSONVILLE FL 32209

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME RAY, YOLANDA  
 STREET ADDRESS 7114 RUSSELL ST  
 CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grace Thomas* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99 904-7651830

Date

Daytime Phone#

CR2E037 (1/198)