

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90169 002 ****61.25

DOCUMENT # N21357

1. Entity Name

LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORP

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2829232

Applied For

Not Applicable

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **SD** Change Addition
 NAME **Doris Black**
 STREET ADDRESS **9101 Pearl St**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **TD** Change Addition
 NAME **Nicholson, Thomasena**
 STREET ADDRESS **3239 Brentwood Ave**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

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: **SIGNATURE REQUIRED**

Grace Thomas *Grace Thomas* **4-16-01** **904 766-1256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00046099



DO NOT WRITE IN THIS SPACE