


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90022 046 ****70.00

DOCUMENT # 704909
1. Entity Name
ALPHA AND OMEGA CHURCH, INC.



Principal Place of Business: **10857 SW 80TH CT.
OCALA FL 34481
US**
Mailing Address: **10857 SW 80TH CT.
OCALA FL 34481
US 419 SE 28th Ave.
OCALA, FL 34471**



2. Principal Place of Business - No P.O. Box #
419 SE 28th Ave
Suite, Apt. #, etc.
Ocala, FL
City & State

3. Mailing Address
419 SE 28th Ave
Suite, Apt. #, etc.
Ocala, FL
City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **59-6173686**
Applied For
 Not Applicable

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

Zip **34471** Country **US** Zip **34471** Country **US**

6. Name and Address of Current Registered Agent
**PETTIBONE, ADA
10857 SW 80TH CT.
OCALA FL 34481**

7. Name and Address of New Registered Agent
Name **ADA PETTIBONE**
Street Address (P.O. Box Number is Not Acceptable)
419 SE 28th AVENUE
City **Ocala** FL Zip Code **34471**

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, SAMUEL 152 HWY 865 WINNSBORO LA 71295 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, JOHN H JR 207 TALL PINES DR MAGNOLIA TERRACE LA 77354 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBART, WILLIE 4994 NESMITH ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ada Pettibone 3-28-08 352-237-9599