

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000585

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** ALPHA OMEGA INSURANCE ASSOCIATION INC.

**Current Principal Place of Business:**

401 CENTERPOINTE CIRCLE  
1543  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162505  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

**FEI Number:** 54-2133487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENGELL, SCOTT  
757 ARMADILLO DRIVE  
DELTONA, FL 32725 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:** PRES  
**Name:** ENGELL, SCOTT  
**Address:** 757 ARMADILLO DRIVE  
**City-St-Zip:** DELTONA, FL 32725

I hereby 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 all other like empowered.

**SIGNATURE:** SCOTT ENGELL

PRES

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date