

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000585

FILED
Jan 05, 2012
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

01/05/2012

Electronic Signature of Signing Officer or Director

Date