

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001617
 1. Entity Name
 ALPHA AND OMEGA CHURCH OF OUR LORD JESUS CHRIST, INC.



Principal Place of Business: 2380 DR. MARTIN LUTHER KING BLVD., #3 POMPANO BEACH, FL 33060
 Mailing Address: 500 NW 7TH TERRACE POMPANO BEACH, FL 33060

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03122007 No Chg-NP CR2E037 (4/06)
 4. FEI Number: 01-0767111 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LACY, WILLIS
 500 NW 7TH TERRACE
 POMPANO BEACH, FL 33060

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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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LACY, WILLIS PASTOR 500 NW 7TH TERRACE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOORE, JAMI 1281 SW 10TH TERRACE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, MARLON 5051 WILES RD 306 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, JESSIE JR. 445 NW 1 TERRACE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARP, MARTHA 2320 NW 6TH STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000667828
 03/27/07-80006-001 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Willis Lacy 3117-07 954786-1431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #