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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12174 (1)

1. Corporation Name  
ALPHA & OMEGA CHRISTIAN NETWORK, INC.



Principal Place of Business: 1013 MEADOWLAWN DR. N. ST. PETERSBURG FL 33702  
Mailing Address: 1013 MEADOWLAWN DR. N. ST. PETERSBURG FL 33702-7439

3. Date Incorporated or Qualified: 11/19/1985  
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-2627426  
Applied For: Not Applicable

22 Suite, Apt. #, etc.: 27

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

23 City & State: 28

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

24 Zip: 25 Country: 29 Zip: 30 Country: 31

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILENDRER, DON KAY  
1013 MEADOWLAWN DR. N.  
ST. PETERSBURG FL 33702

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows of officer information including Title, Name, Street Address, and City-St-Zip. Includes delete checkboxes.

Table with 6 rows for additions/changes to officers and directors, including checkboxes for Change and Addition.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don K. Vilenדרer 1-27-97 813-527-7772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048908

CR2E037 (9/96)