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FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N 46738**

1. Corporation Name
Alpha-Omega Miracle Home, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business
21 **110 Park Ave.**
Suite, Apt. #, etc.
22
City & State
23 **Hastings Fl.**
Zip Country
24 **32145** 25 **St. Johns**

2a. Mailing Address
26 **P.O. Box 250**
Suite, Apt. #, etc.
27
City & State
28 **Hastings Fl.**
Zip Country
29 **32145** 30 **St. Johns**

3. Date Incorporated or Qualified
Jan 6 1992

4. FEI Number
65-0318958

Applied For
Not Applicable

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

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

7. Is this nonprofit corporation a homeowners' association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

8. Name and Address of Current Registered Agent
**Auchey, Richard A.
4531 Webber St.
Sarasota, Fl. 34232-5159**

10. Name and Address of New Registered Agent

81 Name **Lisa Franklin**

82 Street Address (P.O. Box Number is Not Acceptable)
132 Gentian Rd

83

84 City **St. Augustine FL** 85 Zip Code **32086**

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 **Lisa C Franklin** **Lisa C. Franklin** **5-1-98**

Signature typed or printed name of registered agent and principal applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D - President	<input type="checkbox"/> DELETE
NAME	Lisa Franklin	
STREET ADDRESS	132 Gentian Rd	
CITY-ST-ZIP	St. Augustine Fl. 32086	
TITLE	D - Treasurer	<input type="checkbox"/> DELETE
NAME	Jack Pace	
STREET ADDRESS	2760 U.S. 1 South	
CITY-ST-ZIP	St. Augustine Fl. 32086	
TITLE	D - V. Pres.	<input type="checkbox"/> DELETE
NAME	Sandra Hervey	
STREET ADDRESS	7851 U.S. 1 South	
CITY-ST-ZIP	St. Augustine Fl. 32086	
TITLE	D - Sec	<input type="checkbox"/> DELETE
NAME	Rhonda Stencore	
STREET ADDRESS	3070 Harbor Dr.	
CITY-ST-ZIP	St. Augustine Fl. 32095	
TITLE	500002609625	<input type="checkbox"/> DELETE
NAME	-08/06/98--01068--009	
STREET ADDRESS	***51.25	
CITY-ST-ZIP		
TITLE	500002609625	<input type="checkbox"/> DELETE
NAME	-08/06/98--01068--010	
STREET ADDRESS	***8.75	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jack Pace
13 STREET ADDRESS	2760 U.S. 1 South
14 CITY-ST-ZIP	St. Augustine Fl. 32086
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Donna B. Tunney
23 STREET ADDRESS	140 Loretta Rd
24 CITY-ST-ZIP	St. Augustine Fl. 32086
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	These names here
33 STREET ADDRESS	were already listed
34 CITY-ST-ZIP	Everything is the same
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	same as Lisa
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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: **Lisa C Franklin** **Lisa C. Franklin** **5/1/98** **904-797-6692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (10/97)