


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90260 020 ****70.00

DOCUMENT # N46738					
1. Entity Name ALPHA OMEGA MIRACLE HOME, INC.					
Principal Place of Business P.O. BOX 250 HASTINGS, FL 32145 US		Mailing Address 3100 US 1 SOUTH STE #4A SAINT AUGUSTINE, FL 32086 US		24033601	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0318958	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STENROOS, RHONDA 5275 DATIL PEPPER ROAD ST. AUGUSTINE, FL 32806				Name Randall Julie	
				Street Address (P.O. Box Number is Not Acceptable) 5 Willard Dr. #105	
				33 Comoros Ave #303	
				City St Augustine FL Zip Code 32086	
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 <i>Julie Randall</i>				DATE 4-21-04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, TERENCE		NAME	Randall, Julie	
STREET ADDRESS	32 TALAVERA COURT		STREET ADDRESS	33 Comoros Ave #303 5 Willard Dr. #105	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP	St. Augustine FL 32086	
TITLE	P	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STENROSE, RHONDA		NAME	Conley Lemons	
STREET ADDRESS	5275 DATIL PEPPER ROAD		STREET ADDRESS	9237 July Lane	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, JULIE		NAME	Or Ernie Mathews	
STREET ADDRESS	88 MARSHSIDE DR.		STREET ADDRESS	1060 Cheyenne Dr.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Aug. FL 32086	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAINER, MONA		NAME	Rick Aepli	
STREET ADDRESS	5172 FARM CREEK RD		STREET ADDRESS	180 Marsh Island Circle	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP	St. Aug. FL 32095	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, KEN		NAME	Rhonda Stenroos	
STREET ADDRESS	444 ANDORA ST. 113 Barbarosa St.		STREET ADDRESS	5275 Datil Pepper Rd.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP	St. Aug. FL 32086	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, ERNIE DR		NAME	Regenia Johnson	
STREET ADDRESS	2980 COLLINS AVE.		STREET ADDRESS	146 Segovia Rd.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	St. Aug. FL 32086	
12. 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 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: <i>Julie Randall</i>				DATE: 4-21-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 904-471-4343	