


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90093 002 ****61.25

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		2. Principal Place of Business Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State	City & State	4. FEI Number 65-0318958	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL, JULIE 5 WILLARD DR. #105 SAINT AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name: <u>Stencroos, Rhonda</u> Street Address (P.O. Box Number is Not Acceptable): <u>5275 Datil Pepper Rd</u> City: <u>Saint Augustine</u> FL Zip Code: <u>32086</u>	
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: <u>Rhonda Stencroos</u> Signature, typed or printed name of registered agent and title if applicable.		Rhonda Stencroos 3/2/05 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL, JULIE	NAME	Stefanie Stark
STREET ADDRESS	5 WILLARD DR., #105	STREET ADDRESS	344 Island Green Rd
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP	St Augustine, FL 32092
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STENROSE, RHONDA	NAME	Lynne Mason
STREET ADDRESS	5275 DATIL PEPPER ROAD	STREET ADDRESS	3273 Sequoyah Circle
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP	Jacksonville FL 32259
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, ERNIE DR.	NAME	Conley Lamons
STREET ADDRESS	1060 CHEYENNE DR.	STREET ADDRESS	9237 July Lane
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP	St. Augustine FL 32080
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AEPPLI, RICK	NAME	Cheryl Throgher
STREET ADDRESS	180 MARSH ISLAND CIRCLE	STREET ADDRESS	340 Cypress Rd
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095	CITY-ST-ZIP	St Augustine, FL 32086
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, KEN	NAME	
STREET ADDRESS	113 BARBAROSA ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, ERNIE DR	NAME	
STREET ADDRESS	2980 COLLINS AVE.	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP	
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: <u>Rhonda Stencroos</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/2/05 794-1488 Date Daytime Phone #	