

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46738

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALPHA OMEGA MIRACLE HOME, INC.

Current Principal Place of Business:

110 PARK AVE
HASTINGS, FL 32145 US

New Principal Place of Business:

Current Mailing Address:

1835 US 1 SOUTH
STE 119-235
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 65-0318958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, LISA
317 ORCHIS ROAD
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STARK, STEFANIE
Address: 205 PINE HURST POINTE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: P () Delete
Name: FRANKLIN, LISA
Address: 317 ORCHIS ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: BUSBEE, SUSANNE
Address: 105 CARCABA RD,
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Delete
Name: BORDLEY, AMY
Address: 835 WILWOOD DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: JOHNS, DAVID
Address: 1239 WINTERHAWK DR..
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DRAINER, MONA
Address: 5172 FARM CREEK ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S (X) Change () Addition
Name: HEPLER, MARY
Address: 1319 ROOSEVELT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: BUSBEE, SUSANNE
Address: 105 CARCABA ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA DRAINER

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date