

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005367 (6)

1. Corporation Name

THE ALPHA AND OMEGA CHRISTIAN FELLOWSHIP CENTER,
INC.



Principal Place of Business

38277 SW 192ND AVENUE
LOT #12
FLORIDA CITY FL 33034

Mailing Address

38277 SW 192ND AVENUE
LOT #12
FLORIDA CITY FL 33034

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELGADO, MARITZA
2750 S.W. 87TH AVENUE
SUITE 206
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 617.050 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

Maritza Delgado

MARITZA DELGADO

7-8-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
RAINES, CHRISTOPHER A
38277 SW 192ND AVENUE LOT #12
FLORIDA CITY FL 33034

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
WILLIAMS, IRA
C/O RAINES 38277 SW 912ND AVE LOT #12
FLORIDA CITY FL 33034

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
LOPEZ, LOUIS A
1706 NE 8TH STREET APT A
HOMESTEAD FL 33033

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

PD

RAINES, CHRISTOPHER A
38277 SW 192ND AVENUE LOT 12
FLORIDA CITY FL 33034

☒ Change

☐ Addition

TD

WILLIAMS, IRA
38277 SW 192ND AVENUE LOT 12
FLORIDA CITY FL 33034

☒ Change

☐ Addition

SECRETARY DIRECTOR

Betty Ruth Brooks
17821 SW 112 PL
MIAMI FL 33157

☒ Change

☐ Addition

VSD

Robert Brooks
17821 SW 112 PL
MIAMI FL 33157

☐ Change

☒ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)