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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N94000003412 (3)**

1. Corporation Name

ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

Principal Place of Business

**452 WORTH AVE.
PALM BEACH FL 33480**

Mailing Address

**C/O FRANK J GILBERT II
31 BROOKSIDE DRIVE
GREENWICH CT 06830-6422**



3. Date Incorporated or Qualified
07/12/1994

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 c/o Frank J. Gilbride II

27 Suite, Apt #, etc.

28 City & State

29

30

4. FEI Number

65-0510147

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

**DE LESSEPS, TAUNI
452 WORTH AVE.
PALM BEACH FL 33480**

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 617.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DE LESSEPS, TAUNI**
STREET ADDRESS **452 WORTH AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VD** ☐ DELETE
NAME **DE LESSEPS, ANITA**
STREET ADDRESS **452 WORTH AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **STD** ☐ DELETE
NAME **GILBRIDE, FRANK J**
STREET ADDRESS **31 BROOKSIDE DRIVE**
CITY-ST-ZIP **GREENWICH CT 06836**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Keefe, Anita de Lesseps**
2.3 STREET ADDRESS **Aiken Road**
2.4 CITY-ST-ZIP **Greenwich, CT 06831**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Gilbride, II Frank J.**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **06830**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Larry B. Alexander**
4.3 STREET ADDRESS **505 South Flagler Drive**
4.4 CITY-ST-ZIP **West Palm Beach, FL 33402-3475**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Fletcher T. Booker**
5.3 STREET ADDRESS **452 Worth Avenue**
5.4 CITY-ST-ZIP **Palm Beach, FL 33480**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Frank J. Gilbride II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9, 1997 203 622-9360
Date Daytime Phone # 0075001

CR2E037 (9/96)