SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 13 1998 8:00am
Secretary of State

DOCUMENT # N94000003412 (3)

1. Corporation Name
ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
452 WORTH AVE. PALM BEACH FL 33480	C/O FRANK J. GILBRIDE II 31 BROOKSIDE DRIVE GREENWICH CT 06836 US

3. Date Incorporated or Qualified: 07/12/1994
4. FEI Number: 65-0510147 ☐ Applied For ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 P.O. Box 658		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27 31 Brookside Drive		
City & State	City & State	7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
23	28 Greenwich CT		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No
24 / 25	29 06836 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE LESSEPS, TAUNI 452 WORTH AVE. PALM BEACH FL 33480	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE LESSEPS, TAUNI		1.2 NAME	
STREET ADDRESS	452 WORTH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEEFE, ANITA DE LESSE		2.2 NAME	
STREET ADDRESS	AIKEN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GILBRIDE, FRANK J II		3.2 NAME	
STREET ADDRESS	31 BROOKSIDE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, LARRY B		4.2 NAME	
STREET ADDRESS	505 S FLAGLER DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-3475		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOOKER, FLETCHER T		5.2 NAME	
STREET ADDRESS	452 WORTH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. 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 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: Tauni de Lesseps 7/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #