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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12174

1. Corporation Name

ALPHA & OMEGA CHRISTIAN NETWORK, INC.

Principal Place of Business

1013 MEADOWLAWN DR. N.
ST. PETERSBURG FL 33702

Mailing Address

1013 MEADOWLAWN DR. N.
ST. PETERSBURG FL 33702



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/19/1985

4. FEI Number
59-2627426

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

9. Name and Address of Current Registered Agent

VILENDRER, DON KAY
1013 MEADOWLAWN DR. N.
ST. PETERSBURG FL 33702

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
NAME VILENDRER, DON KAY
STREET ADDRESS 1013 MEADOWLAWN DR. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DV
NAME FOLEY, ROBERT ELSWORTH
STREET ADDRESS 9715 37TH ST., NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE SD
NAME VILENDRER, SUE ELLEN
STREET ADDRESS 1013 MEADOWLAWN DR. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DV
NAME TREZZA, JOHN M.
STREET ADDRESS 1783 WINFIELD CIRC
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE DV
2.2 NAME BECK JOHN EDWARD
2.3 STREET ADDRESS 400-45TH AVENUE N.E.
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33703

3.1 TITLE SD
3.2 NAME VILENDRER MARVIN NIEL
3.3 STREET ADDRESS 1013 MEADOWLAWN DR. N.
3.4 CITY-ST-ZIP ST. PETERSBURG FL 33702

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

DON KAY VILENDRER, SECRETARY

FEBRUARY 25, 1999 (727) 527-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)