

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2004
Secretary of State**

DOCUMENT# N12174

Entity Name: ALPHA & OMEGA CHRISTIAN NETWORK, INC.

Current Principal Place of Business:

1013 MEADOWLAWN DR. N.
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

1013 MEADOWLAWN DR. N.
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-2627426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILENDRER, DON KAY
1013 MEADOWLAWN DR. N.
ST. PETERSBURG, FL 33702 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: PD () Delete
Name: VILENDRER, DON KAY,
Address: 1013 MEADOWLAWN DR. N.
City-St-Zip: ST. PETERSBURG, FL

Title: DV (X) Delete
Name: BECK, JOHN E
Address: 400-45TH AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: SD () Delete
Name: VILENDRER, MARVIN N
Address: 1013 MEADOWLAWN DRIVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: DV () Delete
Name: TREZZA, JOHN M.,
Address: 1783 WINFIELD CIRC
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: VILENDRER, TIMOTHY J
Address: 1013 MEADOWLAWN DRIVE N
City-St-Zip: SAINT PETERSBURG, FL 33702

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VILENDRER DON KAY

PD

04/25/2004

Electronic Signature of Signing Officer or Director

Date