2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

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1. Entity Name
ALPHA AND OMEGA CHURCH OF OUR LORD JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
2380 DR. MARTIN LUTHER KING BLVD., #3 POMPANO BEACH, FL 33060	500 NW 7TH TERRACE POMPANO BEACH, FL 33060

02182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
01-0767111
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LACY, WILLIS
500 NW 7TH TERRACE
POMPANO BEACH, FL 33060

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LACY, WILLIS PASTOR
STREET ADDRESS	500 NW 7TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	TD
NAME	MOORE, JAMI
STREET ADDRESS	1281 SW 10TH TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	SD
NAME	MCCORMACK, ANTHONY
STREET ADDRESS	8001 NW 21ST COURT
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D
NAME	WILSON, JESSIE JR.
STREET ADDRESS	445 NW 1 TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	HARP, MARTHA
STREET ADDRESS	2320 NW 6TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000002B2845
03/18/05-80059-023 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jami Moore 3/14/05 (954) 418-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #