2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001617



FILED Apr 10, 2006 8:00 am Secretary of State

Entity Name ALPHA AND OMEGA CHURCH OF OUR LORD JESUS CHRIST, INC.							•		10-2006	_			
2380 DR. MARTIN LUTHER KING BLVD., #3 500			Mailing Address 500 NW 7TH TERRACI POMPANO BEACH, FL										
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			4 062006	Chg-l	NP	CR2E	037 (1	1/05)	
City & State			City & State	··· · · · · · ·	4.	FEI Numbe 01-076						plied For t Applicable	
Zip Country		Zip	Count	try	5.	Certificate	of Status	Desired		\$8. Fee	75 Add Required	litional d	
6. Name and Address of Current Registered Agent						7.	Name and	Addres	s of New i	Registere	d Agen	d	
LACY, WILLIS 500 NW 7TH TERRACE					Name Street Add	iress (P.O. I	Box Numbe	er is Not	Acceptabl	le)			
POMPANO BEACH, FL 33060					Street Address (P.O. Box Number is Not Acceptable)								
				-	City					F	L	Zip Code	9
The above the obligat	named entitions of regist	y submits this statement for tered agent.	the purpose of changing it	s registered	office or re	egistered aq	gent, or bot	h, in the	State of Fi	korlda. I a	n famili	iar with,	and accept
SIGNATURE .													
	Stoneton board	or printed name of registered agent s	net fills II anniboshia (M/)	75 Davidson 4 4	Ament eigeneber								
	Organizaci, typoc	o primo name o regulado agas s	The same approaches the	IC: Hagasaracı A	-Oct v Solimone i	required when i	renstating)			DATE			
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10.	Filing Fe Due by A	e is \$61.25	9. Election Ca Trust Fund	ımpaign Fin	ancing _	\$5. Adde	.00 May B		Flo	lakę che rida Dep	ck pay	nt of St	ate .
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR