


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-10-2006 90292 003 ****61.25

DOCUMENT # N03000001617					
1. Entity Name ALPHA AND OMEGA CHURCH OF OUR LORD JESUS CHRIST, INC.					
Principal Place of Business 2380 DR. MARTIN LUTHER KING BLVD., #3 POMPANO BEACH, FL 33060			Mailing Address 500 NW 7TH TERRACE POMPANO BEACH, FL 33060		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LACY, WILLIS 500 NW 7TH TERRACE POMPANO BEACH, FL 33060				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, WILLIS PASTOR			NAME	
STREET ADDRESS	500 NW 7TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMI			NAME	
STREET ADDRESS	1281 SW 10TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMACK, ANTHONY			NAME	SD Marlon Johnson
STREET ADDRESS	8001 NW 21ST COURT			STREET ADDRESS	5051 Wiles Road # 306
CITY-ST-ZIP	SUNRISE, FL 33322			CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JESSIE JR.			NAME	
STREET ADDRESS	445 NW 1 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARP, MARTHA			NAME	
STREET ADDRESS	2320 NW 8TH STREET			STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby 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: <u>Willis Lacy</u>				Date: <u>4/6/06</u> 954-786-1431	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	