



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N03000001617</b>					
<b>1. Entity Name</b> ALPHA AND OMEGA CHURCH OF OUR LORD JESUS CHRIST, INC.					
<b>Principal Place of Business</b> 2380 DR. MARTIN LUTHER KING BLVD., #3 POMPANO BEACH, FL 33060			<b>Mailing Address</b> 500 NW 7TH TERRACE POMPANO BEACH, FL 33060		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 01-0767111	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LACY, WILLIS 500 NW 7TH TERRACE POMPANO BEACH, FL 33060			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> LACY, WILLIS PASTOR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 500 NW 7TH TERRACE	<b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33060		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> TD	<b>NAME</b> MOORE, JAMI	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1281 SW 10TH TERRACE	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> SD	<b>NAME</b> MCCORMACK, ANTHONY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8001 NW 21ST COURT	<b>CITY-ST-ZIP</b> SUNRISE, FL 33322		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> D	<b>NAME</b> WILSON, JESSIE JR.	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 445 NW 1 TERRACE	<b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33441		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> D	<b>NAME</b> HARP, MARTHA	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2320 NW 6TH STREET	<b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33069		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>STREET ADDRESS</b>		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Willis Lacy</i>			<i>4/6/06 954-786-1431</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		