

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003412

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

505 S FLAGLER DRIVE  
1100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3475  
WEST PALM BEACH, FL 334023475 US

**New Mailing Address:**

**FEI Number:** 65-0510147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, LARRY B  
505 S FLAGLER DRIVE  
1100  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: KEEFE, ANITA  
Address: AIKEN ROAD  
City-St-Zip: GREENWICH, CT 06831

Title: VD ( ) Delete  
Name: GILBRIDE, FRANK J II  
Address: 31 BROOKSIDE DRIVE  
City-St-Zip: GREENWICH, CT 06836

Title: PD ( ) Delete  
Name: ALEXANDER, LARRY B  
Address: 505 S. FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: BOOKER, FLETCHER T  
Address: 9180 SE RIVERFRONT TERRACE, SEA B ISLAND  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY B. ALEXANDER

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03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date