

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000585

Entity Name: ALPHA OMEGA INSURANCE ASSOCIATION INC.

Current Principal Place of Business:

401 CENTERPOINTE CIRCLE
1543
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 162505
ALTAMONTE SPRINGS, FL 32716

FEI Number: 54-2133487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENGELL, SCOTT
757 ARMADILLO DRIVE
DELTONA, FL 32725 US

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

Officer/Director Detail :

Title PRES
Name ENGELL, SCOTT
Address 757 ARMADILLO DRIVE
City-State-Zip: DELTONA FL 32725

I hereby 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 all other like empowered.

SIGNATURE: SCOTT ENGELL

PRES

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date