

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008545

Entity Name: ALPHA AND OMEGA CHRISTIAN LEARNING CENTER, INC.**Current Principal Place of Business:**114 JONES ROAD
CRESTVIEW, FL 32536**Current Mailing Address:**P.O. BOX 1465
CRESTVIEW, FL 32536**FEI Number:** 32-0387857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, DELOIS
2436 GENEVIEVE WAY
CRESTVIEW, FL 32536 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	JACKSON, DELOIS
Address	2436 GENEVIEVE WAY
City-State-Zip:	CRESTVIEW FL 32536

Title	VP
Name	JACKSON, LACEY C
Address	2436 GENEVIEVE WAY
City-State-Zip:	CRESTVIEW FL 32536

Title	DIR
Name	BELL, TONYA D
Address	229 KENNEDY PLACE
City-State-Zip:	CRESTVIEW FL 32536

Title	SECR
Name	JAMES, ADORA M
Address	202 BLAYLOCK STREET
City-State-Zip:	CRESTVIEW FL 32539

Title	TREA
Name	THOMAS, NAKISHA Q
Address	2400 AGERTON STREET
City-State-Zip:	CRESTVIEW FL 32536

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: DELOIS JACKSON**PRESIDENT****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date