

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008545

Entity Name: ALPHA AND OMEGA CHRISTIAN LEARNING CENTER, INC.**Current Principal Place of Business:**762 INDUSTRIAL DRIVE
CRESTVIEW, FL 32539**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	SECR
Name	MCELHENEY, ADORA M
Address	215 JOHNSON COURT
City-State-Zip:	CRESTVIEW FL 32536
Title	MEMBER
Name	GWYN, HATTIE
Address	405 OAKLAND CIRCLE N.W.
City-State-Zip:	FT. WALTON BEACH FL 32548
Title	MEMBER
Name	SHEETS, ANGELA
Address	2789 LAKE SILVER ROAD
City-State-Zip:	CRESTVIEW FL 32536

Title	DIR
Name	BELL, TONYA D
Address	229 KENNEDY PLACE
City-State-Zip:	CRESTVIEW FL 32536
Title	TREA
Name	THOMAS, NAKISHA Q
Address	2400 AGERTON STREET
City-State-Zip:	CRESTVIEW FL 32536
Title	MEMBER
Name	ROSS, NICOLE
Address	513 ARBOR LAKE DRIVE
City-State-Zip:	CRESTVIEW FL 32536
Title	MEMBER
Name	DANIELS, BRENDA
Address	309 STRAWBRIDGE DRIVE
City-State-Zip:	CRESTVIEW FL 32539

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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**OWNER****01/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	MEMBER
Name	SHANKLIN, YVONNE
Address	2645 CORNER CREEK ROAD
City-State-Zip:	CRESTVIEW FL 32536