

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000011768

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**5878141051CC**

**Entity Name:** ALPHA BETA GAMMA INTERNATIONAL INC

**Current Principal Place of Business:**

90 S HIGHLAND AVE  
423  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

PO BOX 253  
TARPON SPRINGS, FL 34688

**FEI Number:** 23-7126834

**Certificate of Status Desired:** No

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

COASTAL TAX PARTNERS, LLC  
1591 MAIN ST  
DUNEDIN, FL 34698 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 P  
Name BOGREN, BRENDA  
Address 90 S HIGHLAND AVE APT 423  
City-State-Zip: TARPON SPRINGS FL 34689

Title VP  
Name HALEY, JOHN  
Address PO BOX 253  
City-State-Zip: TARPON SPRINGS FL 34688

Title S  
Name AKERS, RENEE  
Address PO BOX 253  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** BRENDA BOGREN

**PRESIDENT**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date