

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46738

**Entity Name:** ALPHA OMEGA MIRACLE HOME, INC.

**Current Principal Place of Business:**

2860 COLLINS AVE  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

2860 COLLINS AVE  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 65-0318958

**Certificate of Status Desired:** Yes

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

FRANKLIN, LISA C  
317 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086 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            PRESIDENT  
Name            MURPHY, CLAY  
Address        3553 KINGS RD. S.  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            DIRECTOR  
Name            FRANKLIN, LISA C  
Address        317 ORCHIS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            TREASURER  
Name            CARROLL, CONNIE  
Address        315 S OCEAN GRANDE DR.,#PH6  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            DIRECTOR  
Name            ALEXANDER, STEPHEN  
Address        19 OLD MISSION AVE  
City-State-Zip: ST AUGUSTINE FL 32084

Title            VP  
Name            LEMONS, SONNY  
Address        9237 JULY LANE  
City-State-Zip: ST AUGUSTINE FL 32080

Title            SECRETARY  
Name            GODWIN, DARLENE  
Address        7074 SW 107TH WAY  
City-State-Zip: HAMPTON FL 32044

Title            DIRECTOR  
Name            RUGGERI, JOHN  
Address        817 STATE ROAD 206 EAST  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            DIRECTOR  
Name            PAYNE, LISA  
Address        337 WOODRIDGE LANE  
City-State-Zip: SAINT AUGUSTINE FL 32086

**Continues on page 2**

*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:** LISA FRANKLIN

**OFFICE MANAGER**

**01/16/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TANTON, DANNY  
Address 925 BAYSIDE BLUFF ROAD  
City-State-Zip: SAINT JOHNS FL 32259

Title DIRECTOR  
Name VARNEDOE, BRIDGET  
Address 8551 DYNASTY DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name MICKLER-GAUCH, CARRIE  
Address 224 GENTIAN RD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name WATTS, GREG  
Address 1568 HARBOUR CLUB DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082