

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46738

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC5975302988**

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

**Current Principal Place of Business:**

1797 OLD MOULTRIE RD., SUITE 107  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1797 OLD MOULTRIE RD., SUITE 107  
SAINT 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 VP  
Name BORDLEY, ALLIE  
Address 835 WILDWOOD DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32086

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

Title TREASURER  
Name DRAINER, MONA  
Address 5172 FARM CREEK ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title D  
Name PACETTI, CHRISTOPHER  
Address 330 ST. GEORGE AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY  
Name MURPHY, CLAYTON  
Address 3553 KINGS RAOD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name ANTHONY, GINA MARIE  
Address 1240 SALT CREEK ISLAND DR  
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR  
Name BOHON, RITA  
Address 309 DOYLE LANE  
City-State-Zip: ST AUGUSTINE FL 32086

Title DIRECTOR  
Name HERSEY, SANDRA  
Address 1309 WILD PINE DR  
City-State-Zip: ST AUGUSTINE FL 32084

**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

**PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ROARK, DENNIS  
Address        4544 GOLF RIDGE DR  
City-State-Zip: ELKTON FL 32033