

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46738

FILED
Feb 12, 2015
Secretary of State
CC2987958878

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 MURPHY, CLAY
Address 3553 KINGS RD. S.
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 D
Name ANTHONY, GINA MARIE
Address 1240 SALT CREEK ISLAND DR
City-State-Zip: PONTE VEDRA FL 32082

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

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

Title DIRECTOR
Name SANCHEZ, KATHY
Address 724 COUNTY RD 13
City-State-Zip: ST AUGUSTINE FL 32092

Title DIRECTOR
Name CHARLES, CAROL
Address 4533 5TH AVE.
City-State-Zip: ST AUGUSTINE FL 32095

Title DIRECTOR
Name COOPER, ARTHUR
Address 16 BROCKTON LANE
City-State-Zip: PALM COAST FL 32137

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

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name YOUNG, DEBBIE
Address 422 JACKSONVILLE DR.
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

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