

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46738

FILED
Feb 06, 2014
Secretary of State
CC4561317742

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 D
Name PACETTI, CHRISTOPHER
Address 116 SUMMERHILL CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

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 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

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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: LISA FRANKLIN

PRESIDENT

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEE, ANTHONY DR.
Address 1107 N.CAMPANIA CT.,
City-State-Zip: ST AUGUSTINE FL 32092

Title DIRECTOR
Name KOWALSKI, CAROLYN ESQ.
Address 3385 COASTAL HWY., #19
City-State-Zip: ST AUGUSTINE FL 32084