

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46738

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

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

**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

**CEO/FOUNDER**

**01/15/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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