

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 CEO  
Name FRANKLIN, LISA C  
Address 317 ORCHIS ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

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

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

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

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

Title PRESIDENT  
Name CRUM, BOBBY  
Address 301 SPANISH OAK CT.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name LEE, ANTHONY  
Address 59 MISSION COVE CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DIRECTOR  
Name BEAVER, GREGORY  
Address 340 TIRANA AVE  
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:** BRIDGET VARNEDOE

**EXECUTIVE DIRECTOR**

**06/30/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           LAWSON, CHRISTOPHER  
Address        512 VISTA RIA COURT  
City-State-Zip: ST. AUGUSTINE FL 32080

Title           DIRECTOR  
Name           COWIE, TIFFANY  
Address        477 EAGLE ROCK DR  
City-State-Zip: PONTE VEDRA FL 32081

Title           COO  
Name           VARNEDOE, BRIDGET  
Address        609 CATHERINE FOSTER LANE  
City-State-Zip: SAINT JOHNS FL 32259