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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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1996

SIGNATURE:

DOCUMENT # 702298

(1)

BENEVOLENT ORDER OF OMEGA INCORPORATED

							ist Atani Biani 1881
Principal Place of Business Mailing Address 4000 MRPH DEVILLIES S							
	EVILLIES STREET 32501	1023 NORTH DEVILLIE PENSACOLA FL 32501	SSTREET				
PENSACOLA FL 32501				3. Date Incorporated or Qualified 04/19/1961	3a. Date of La 02/06/	st Report 1 1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 59-1652229		Applied For
1		26		<u> </u>		Not Applicable 75 Additional	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Zip	Country	28 Zip	Cou	intry	This corporation has liability for in		
24	25	29	30		Florida Statutes]Yes ☐ No	
	9. Name and Address of Currer				10. Name and Address of New Re	agistered Agent	
				81 Name			
SCOTT, THOMAS J. 1105 E BAARS STREET		82 S		B2 Street Addr	ddress (P.O. Box Number is Not Acceptable)		
				83			
PENSACU)LA FL 32503						Zia Ondo
				84 City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 617,0502	2 and 617.1508, Florida Statu	ites, the abo	ove-named corpor	ration submits this statement for the pur	pose of changing i	s registered office
or registers	d agent, or both, in the State of Flori i, and accept the obligations of, Sec	ida. Such change was aumor	izea dy me i	corporation's boar	of directors. I hereby accept the appo	ointment as registe	red agent. i am
igitillai witt	i, alto accept the obligations of coo	1011 811 10000, 110 100 010101	• 7	(/ X	and the second	15'-	Ste
0.01.12.105				X	(.6) 14	//-	/ -
SIGNATURE _	signature, typed or printed name of registered agen			Agent signature require	ad when reinstating	DATE	
8	OFFICERS AN	ND DIRECTORS	13.		ad when renstating and other renstating ADDITIONS/OHANGES TO OFF	DATE ICERS AND DIREC	CTORS IN 12
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