

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90022 046 ****70.00

DOCUMENT # 704909

1. Entity Name

ALPHA AND OMEGA CHURCH, INC.



Principal Place of Business

10857 SW 80TH CT.
OCALA FL 34481
US

Mailing Address

10857 SW 80TH CT.
OCALA FL 34481
US 419 SE 28th Ave.
OCALA, FL 34471



2. Principal Place of Business - No P.O. Box #

419 SE 28th Ave

3. Mailing Address

419 SE 28th Ave

Suite, Apt. #, etc.

Ocala, FL

Suite, Apt. #, etc.

Ocala, FL

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-6173686

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

34471

Country

US

Zip

34471

Country

US

6. Name and Address of Current Registered Agent

PETTIBONE, ADA
10857 SW 80TH CT.
OCALA FL 34481

7. Name and Address of New Registered Agent

Name ADA PETTIBONE

Street Address (P.O. Box Number is Not Acceptable)

419 SE 28th AVENUE

City

Ocala

FL

Zip Code

34471

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLE, SAMUEL	
STREET ADDRESS	152 HWY 865	
CITY-ST-ZIP	WINNSBORO LA 71295	

TITLE	TD	<input type="checkbox"/> Delete
NAME	COBB, JOHN H JR	
STREET ADDRESS	207 TALL PINES DR	
CITY-ST-ZIP	MAGNOLIA TERRACE LA 77354	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HUBART, WILLIE	
STREET ADDRESS	4994 NESMITH ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ada Pettibone

3-28-08 352-237-9599