

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90118 010 ****61.25

DOCUMENT # 761298

1. Entity Name
ALPHA OMEGA RESEARCH FOUNDATION, INC.



Principal Place of Business Mailing Address
1048 S. OCEAN BLVD. 1048 S. OCEAN BLVD.
PALM BCH FL 33480 PALM BCH FL 33480
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2121828** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BACINICH, EDWARD J.
1048 S OCEAN BLVD.
PALM BCH FL 33480

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Edward J. Bacinich*
Signature, typed or printed name of registered agent and title if applicable.

1/7/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DAYWITT, WILLIAM C JR	
STREET ADDRESS	111 MAYHURST AVE	
CITY-ST-ZIP	COLORADO SPGS CO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACINICH, EDWARD J.	
STREET ADDRESS	1048 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURSUOGLU, BEHRAM D	
STREET ADDRESS	6200 LEONARDO ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEMARCELLUS, JULIETTE	
STREET ADDRESS	357 CRESCENT DR.	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODASSO, LORRAINE	
STREET ADDRESS	201 W INDIES DR	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIZ, THOMAS R	
STREET ADDRESS	305 MARBLE CANYON DR	
CITY-ST-ZIP	W PALM BCH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: *Marion L. Bacinich* **MARIA L. BACINICH** *1/7/03* **561-833-2222**
PRESIDENT

CR2E037 (10/02)