

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001342

FILED
Apr 27, 2007
Secretary of State

Entity Name: NEW LIFE ALPHA OMEGA MINISTRIES INC.

Current Principal Place of Business:

4762 NW 15 ST.
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4762 NW 15 ST.
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-0982351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOSTIC, GLENN REV.
4762 N.W. 15 STREET
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GAINER, KAYHLENE
Address: 4762 N W 15TH ST
City-St-Zip: COCONUT CREEK, FL 33063

Title: CC () Delete
Name: DIPRATO, JOHN
Address: 4401 N E 30TH TERR
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: MITCHELL, GREG
Address: 510 S W 13TH PLACE
City-St-Zip: DEERFIELD BCH, FL 33441

Title: ST () Delete
Name: NICHOLS, KENDRA B
Address: 1061 S W 7TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: LR () Delete
Name: ROSENTHAL, STUART S
Address: 404 E ATLANTIC BLVD
City-St-Zip: POMPANO BCH, FL 33060

Title: PS () Delete
Name: MITCHELL, KEVIN A
Address: 10757 S PRESERVE WAY APT 305
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAYHLENE GAINER

C

04/27/2007

Electronic Signature of Signing Officer or Director

Date