

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001342

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** NEW LIFE ALPHA OMEGA MINISTRIES INC.

**Current Principal Place of Business:**

2700 W. ATLANTIC BLVD  
SUITE 201  
POMPANO BEACH, FL 33069

**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 ( )**

**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: BRYAN, GLENN  
Address: 7225 NW 54TH COURT  
City-St-Zip: LAUDERHILL, FL 33319

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  
Name:  
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: GLENN G BRYAN

TD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date