

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **W00000003465**

1. Entity Name
Alpha + Omega FARMS MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 AM 10:25

Principal Place of Business Mailing Address
3775 AIRPORT Rd. N. SUITE B **3775 AIRPORT Rd. N. SUITE B**
NAPLES, FL 34105 **NAPLES, FL 34105**

2. Principal Place of Business 3. Mailing Address
3775 AIRPORT Rd. N. **SAME**
Suite, Apt. #, etc. **SUITE B** Suite, Apt. #, etc. **SAME**
City & State **NAPLES FL** City & State **SAME**
Zip **34105** Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1011399** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GARY GAY **GARY GAY**
6918 SATAN LEAF Rd. N Street Address (P.O. Box Number is Not Acceptable)
SUITE 101 **3775 AIRPORT Rd. N. SUITE B**
NAPLES, FL 34109 City **NAPLES** Zip Code **FL 34105**

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.
SIGNATURE **GARY R. GAY** **GARY R. GAY** **10-18-2001**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 12, 2001 Fee will be \$750.00**
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. GARY R. GAY 3775 AIRPORT Rd. N. SUITE B NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./TREAS SANDY GAY 3775 AIRPORT Rd. N. SUITE B NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. THOMAS HUDSON 445 Rosemeade LANE NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. DANNY RILEY 755 21st Ave. S. NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. BILL SNYDER 629 N. AIRPORT Rd NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY R. GAY** **GARY R. GAY** **10-18-2001** **941-4349979**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/01)