

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003465

1. Entity Name

ALPHA & OMEGA FARMS MINISTRIES, INC.

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90164 018 ****61.25

Principal Place of Business

3775 AIRPORT RD. N.
SUITE B
NAPLES FL 34105

Mailing Address

3775 AIRPORT RD. N.
SUITE B
NAPLES FL 34105

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

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

GAY, GARY
3775 AIRPORT RD. N.
SUITE B
NAPLES FL 34105

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME GAY, GARY R
STREET ADDRESS 3775 AIRPORT RD. N. SUITE B
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME GAY, SANDY
STREET ADDRESS 3775 AIRPORT RD. N. SUITE B
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUDSON, THOMAS
STREET ADDRESS 445 ROSEMEADE LANE
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RILEY, DANNY
STREET ADDRESS 755 21ST AVE SO
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SNYDER, BILL
STREET ADDRESS 629 N. AIRPORT RD
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)