

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003465

FILED
Jan 06, 2004
Secretary of State**Entity Name:** ALPHA & OMEGA FARMS MINISTRIES, INC.**Current Principal Place of Business:**3775 AIRPORT RD. N.
SUITE B
NAPLES, FL 34105**New Principal Place of Business:****Current Mailing Address:**3775 AIRPORT RD. N.
SUITE B
NAPLES, FL 34105**New Mailing Address:****FEI Number:** 65-1011399**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GAY, GARY
3775 AIRPORT RD. N.
SUITE B
NAPLES, FL 34105**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: P () Delete
Name: GAY, GARY R
Address: 3775 AIRPORT RD. N. SUITE B
City-St-Zip: NAPLES, FL 34105

Title: ST () Delete
Name: GAY, SANDY
Address: 3775 AIRPORT RD. N. SUITE B
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: HUDSON, THOMAS
Address: 445 ROSEMEADE LANE
City-St-Zip: NAPLES, FL 34105

Title: D (X) Delete
Name: CERTA, JOE
Address: 25560 FAIRWAY DUNES CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete
Name: SNYDER, BILL
Address: 629 N. AIRPORT RD
City-St-Zip: NAPLES, FL 34104

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY R GAY

P

01/06/2004

Electronic Signature of Signing Officer or Director_____
Date