

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90089 042 ****61.25

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1. Entity Name

CHURCH OF GOD ALFA AND OMEGA, INC.



Principal Place of Business

**4404 N. NEBRASKA AVENUE
TAMPA FL 33604**

Mailing Address

**4404 N. NEBRASKA AVENUE
TAMPA FL 33604**

24027059



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0575538

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, VICTOR
38835 STORY DR.
DADE CITY FL 33523**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME DIAZ, ANA M
STREET ADDRESS 38835 STORY DR.
CITY-ST-ZIP DADE CITY FL 33523

TITLE SD Delete
NAME VELEZ, ANTONIO
STREET ADDRESS 4404 N. NEBRASKA AVENUE
CITY-ST-ZIP TAMPA FL 33604

TITLE TD Delete
NAME COLON, LORETA
STREET ADDRESS 4404 N. NEBRASKA AVENUE
CITY-ST-ZIP TAMPA FL 33604

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Change Addition
NAME Pablo Pacheco
STREET ADDRESS 14000 Monterey St
CITY-ST-ZIP Spring Hill, FL 34609

TITLE SD Change Addition
NAME Carmen Ramirez
STREET ADDRESS 206 Foxwood Drive
CITY-ST-ZIP Brandon, FL 33510

TITLE TD Change Addition
NAME Jose Ramirez
STREET ADDRESS 206 Foxwood Drive
CITY-ST-ZIP Brandon, FL 33510

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

813-689-7115

Daytime Phone #