

# 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

**DOCUMENT # N01000004096**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

3-18-04 813-689-7115

Date

Daytime Phone #