


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90050 010 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR 01-0575538**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~PRIMECO, 3081
4404 N. NEBRASKA AVENUE
TAMPA FL 33604~~

7. Name and Address of New Registered Agent
Name: **VICTOR M DIAZ**
Street Address (P.O. Box Number is Not Acceptable):
38835 STORY DRIVE
City: **DADE CITY** FL Zip Code: **33523**

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: Victor M Diaz VICTOR M. DIAZ DATE: 4/8/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIMECO, 3081 4404 N. NEBRASKA AVENUE TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANA M DIAZ 38835 STORY DR DADE CITY FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELEZ, ANTONIO 4404 N. NEBRASKA AVENUE TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORETA COLON 4404 N. NEBRASKA AVENUE TAMPA FL 33604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LORETA COLON 4404 N NEBRASKA AVE TAMPA FL 33604
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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

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: Ana M Diaz Pres. 4/8/03

CR2E037 (10/02)