

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PRIMECO, INC.
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

4/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRIMECO, INC.	
STREET ADDRESS	4404 N. NEBRASKA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VELEZ, ANTONIO	
STREET ADDRESS	4404 N. NEBRASKA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LORETA COLON	
STREET ADDRESS	4404 N. NEBRASKA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA M DIAZ	
STREET ADDRESS	38835 STORY DR	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORETA COLON	
STREET ADDRESS	4404 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ana M Diaz **ANA M DIAZ Pres.**

4/8/03

CR2E037 (10/02)