

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006086

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** ALPHA & OMEGA KINGDOM FELLOWSHIP/TRAINING CENTER, INC.

**Current Principal Place of Business:**

1131-A LIVE OAK STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

14 EAST JEFFERSON STREET  
QUINCY, FL 32351

**Current Mailing Address:**

P.O. BOX 38481  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

**FEI Number:** 06-1747542      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, KATHY M  
2307 VIA SARDINIA ST.  
TALLAHASSEE, FL 32303 US

**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: T  
Name: LEWIS, KATHY  
Address: 4062 BISHOP RD.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: CEO  
Name: WRIGHT, NATHAN  
Address: 2307 VIA SARDINIA ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VCEO  
Name: WRIGHT, KATHY  
Address: 2307 VIA SARDINIA ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S  
Name: WILLIAMS, RASCHANDA  
Address: 2515 HOLTON STREET  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby 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 all other like empowered.

SIGNATURE: KATHY WRIGHT

VCEO

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date