

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004061

FILED
May 02, 2009
Secretary of State

Entity Name: ALPHA AND OMEGA CHRISTIAN MINISTRY INC.

Current Principal Place of Business:

1365 US HIGHWAY 1
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

1365 US HWY 1
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 01-0682152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOCKHART, WILLIE A
1296 10TH AVE. SW
VERO BCH, FL 32962 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: D () Delete
Name: LOCKHART, WILLIE A
Address: 1296 10TH AVE/ SW
City-St-Zip: VERO BEACH, FL 32962

Title: SD () Delete
Name: LOCKHART, RUBY J
Address: 1296 10TH AVE. SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: PIERCE, WILLIE J
Address: 4301 US 1
City-St-Zip: VERO BCH, FL 32986

Title: D () Delete
Name: ANTHONY, WALTON
Address: 312 DECORDRE CT. APT. A
City-St-Zip: FORT PIERCE, FL 34950

Title: SD () Delete
Name: ROBINSON, MARY
Address: 5856 59TH COURT
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIE A. LOCKHART

D

05/02/2009

Electronic Signature of Signing Officer or Director

Date