

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002807

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** ALPHA AND OMEGA INTERGENERATIONAL COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

10231 METRO PARKWAY  
FORT MYERS, FL 339121063

**New Principal Place of Business:**

3500 FOWLER STREET  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

10231 METRO PARKWAY  
FORT MYERS, FL 339121063

**New Mailing Address:**

3500 FOWLER STREET  
FORT MYERS, FL 33901

**FEI Number:** 55-0859506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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:**

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

BRACO, LYNN  
8897 CROWN COLONY BLVD.  
FORT MYERS, FL 33908 US

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: LYNN BRACO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRACO, LYNN  
Address: 8897 CROWN COLONY BLVD.  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: PENN, ELIOTT  
Address: 15012 BALMORAL LOOP  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: OLSEN, ERIK  
Address: 3494 OCEAN BLUFF COURT  
City-St-Zip: NAPLES, FL 34120

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN G BRACO

D

10/18/2005

Electronic Signature of Signing Officer or Director

Date