
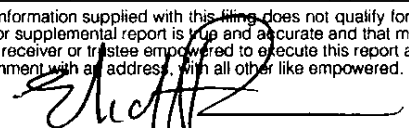


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 023 ****61.25

DOCUMENT # N04000002807		
1. Entity Name ALPHA AND OMEGA INTERGENERATIONAL COMMUNITY CENTER, INC.		
Principal Place of Business 3500 FOWLER STREET FORT MYERS, FL 33901 US	Mailing Address 3500 FOWLER STREET FORT MYERS, FL 33901	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRACO, LYNN 8897 CROWN COLONY BLVD. FORT MYERS, FL 33908		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACO, LYNN 8897 CROWN COLONY BLVD. FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENN, ELIOTT 15012 BALMORAL LOOP FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, ERIK 3494 OCEAN BLUFF COURT NAPLES, FL 34120 <i>Erik Olsen 10087 Colonial Country Club Blvd. Ft. Myers, FL 33913</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		July 11, 2007 239 481-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0859506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**