

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002807

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3500 FOWLER STREET  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

3500 FOWLER STREET  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 55-0859506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRACO, LYNN  
8897 CROWN COLONY BLVD.  
FORT MYERS, FL 33908 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: 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: 10087 COLONIAL COUNTRY CLUB BLVD  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ST (X) Change ( ) Addition  
Name: LIVINGSTONE, WES  
Address: 14801 PARK LAKE DR #305  
City-St-Zip: FORT MYERS, FL 33919

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: LYNN BRACO

P

04/27/2009

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

\_\_\_\_\_  
Date