

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000000835	
1. Entity Name FLORIDA ALPHA OMEGA FOUNDATION, INC.	
Principal Place of Business 207 S.W. 13TH STREET GAINESVILLE, FL 32601-6321	Mailing Address 5391 NW 1ST PLACE GAINESVILLE, FL 32607



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-2031888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent SWANGER, ROHER N CPA JAMES MOORE & CO., P.L. 5391 NW 1ST PLACE GAINESVILLE, FL 32607-2063	
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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</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELL, GEORGE 5391 NW 1ST PLACE GAINESVILLE, FL 326072063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, JAMES D 302 N.W. 6TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCART, HAROLD F JR 1000 RIVERSIDE AVENUE, SUITE 111 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/22/08 <small>Date</small>	<small>Daytime Phone #</small>
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