2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N05000000835

Entity Name: FLORIDA ALPHA OMEGA FOUNDATION, INC.

Current Principal Place of Business:

207 S.W. 13TH STREET
GAINESVILLE, FL 326016321

New Principal Place of Business:

Current Mailing Address:

5391 NW 1ST PLACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 34-2031888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANGER, ROHER N CPA
JAMES MOORE & CO., P.L.
5391 NW 1ST PLACE
GAINESVILLE, FL 326072063 US

Name and Address of New Registered Agent:

SWANGER, ROGER N CPA
JAMES MOORE & CO., P.L.
5391 NW 1ST PLACE
GAINESVILLE, FL 326072063 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: ROGER N. SWANGER 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: DELL, GEORGE
Address: 5391 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 326072063

Title: D ( ) Delete
Name: HENRY, JAMES D
Address: 302 N.W. 6TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: MCCART, HAROLD F JR
Address: 1000 RIVERSIDE AVENUE, SUITE 111
City-St-Zip: JACKSONVILLE, FL 32204

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 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: HAROLD F. MCCART, JR. D 04/16/2009
Electronic Signature of Signing Officer or Director Date