

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000835

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ALPHA OMEGA FOUNDATION, INC.

**Current Principal Place of Business:**

5391 NW 1ST PLACE  
GAINESVILLE, FL 32607

**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, ROGER N CPA  
JAMES MOORE & CO., P.L.  
5391 NW 1ST PLACE  
GAINESVILLE, FL 326072063 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  
**Name:** ROBINSON, JOHN E JR  
**Address:** 2170 PARK MAITLAND CT  
**City-St-Zip:** MAITLAND, FL 32751 US

**Title:** D  
**Name:** MCCART, HAROLD F JR  
**Address:** 3102 ST JOHNS AVE  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

**Title:** D  
**Name:** SPICOLA, A G JR  
**Address:** 412 MADISON ST, SUITE 807  
**City-St-Zip:** TAMPA, FL 32602 US

I hereby 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 all other like empowered.

**SIGNATURE:** HAROLD F MCCART JR

D

03/16/2011

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

\_\_\_\_\_  
Date