

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001522

FILED
Jul 06, 2006
Secretary of State

Entity Name: ALPHA & OMEGA PSI, INC.

Current Principal Place of Business:

618 SOUTH 9TH STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

618 SOUTH 9TH STREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOWEN, CURTIS E
618 SOUTH 9TH STREET
FERNANDINA BEACH, FL 32034 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOWEN, CURTIS E
Address: 618 SOUTH 9TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP () Delete
Name: FOY, CHRISTOPHER L
Address: 7419 EDENFIELD PARK
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: FOY, WENDY Y
Address: 7419 EDENFIELD PARK ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: GOWEN, BEVERLY S
Address: 618 SOUTH 9TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32244

Title: FCH () Delete
Name: JEFFERSON, CECELIA D ESQ.
Address: 7419 EDENFIELD PARK ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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:

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 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: WENDY Y. FOY

MRS

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date