

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006143

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** ALPHA AND OMEGA WORSHIP CENTER INC

**Current Principal Place of Business:**

112 E MAPLE ST  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 474  
DAVENPORT, FL 33837

**New Mailing Address:**

**FEI Number:** 20-2706375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARRERO, HECTOR A JR  
112 E MAPLE ST  
DAVENPORT, FL 33837 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: P ( ) Delete  
Name: MARRERO, HECTOR A JR  
Address: 112 E MAPLE ST  
City-St-Zip: DAVENPORT, FL 33837

Title: VP ( ) Delete  
Name: RODRIGUEZ, LUIS  
Address: PO BOX 3156  
City-St-Zip: DAVENPORT, FL 33836

Title: T ( ) Delete  
Name: RODRIGUEZ, BLANCA  
Address: PO BOX 3156  
City-St-Zip: DAVENPORT, FL 33836

Title: S ( ) Delete  
Name: MARRERO, DEBORAH  
Address: PO BOX 474  
City-St-Zip: DAVENPORT, FL 33836

**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:

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: HECTOR A. MARRERO

MR

04/30/2008

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

\_\_\_\_\_  
Date