

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011726

FILED
Apr 09, 2009
Secretary of State

Entity Name: ALPHA OMEGA ACADEMY & LEARNING CENTER, INC.

Current Principal Place of Business:

350 24TH STREET NW
UNIT P206
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

350 24TH STREET NW
UNIT P206
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-1839921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEALLFORDII, MARY Y
350 24TH STREET NW
UNIT P206
WINTER HAVEN, FL 33880 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: DEALLFORDII, MARY Y
Address: 350 24TH STREET NW UNIT P206
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP/T () Delete
Name: OWENS, SHARRIN D
Address: 400 ARBORETUM WAY APT 21
City-St-Zip: NEWPORT NEWS, VA 23602

Title: S () Delete
Name: DEALLFORDII, MICHAEL J
Address: 350 24TH STREET NW UNIT P206
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: OWENS, SHARRIN D
Address: 127 SAYBROOKE CT
City-St-Zip: NEWPORT NEWS, VA 23606

Title: S (X) Change () Addition
Name: DEALLFORDII, MICHAEL J
Address: 18001 RICHMOND PLACE DR
City-St-Zip: TAMPA, FL 33647

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: MARY DEALLFORDII

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date