

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009896

FILED
May 02, 2009
Secretary of State

Entity Name: ALPHA-OMEGA CHRISTIAN FOUNDATION, INC.

Current Principal Place of Business:

317 RANDOLPH AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

317 RANDOLPH AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 26-1573355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

OLIVEIRA, PATRICIA
317 RANDOLPH AVE
KISSIMMEE, FL 34741 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: PD () Delete
Name: WANDELOSKI, THOMAS
Address: 317 RANDOLPH AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VD () Delete
Name: DEANDRADE, ARLETTE
Address: PO BOX 421526
City-St-Zip: KISSIMMEE, FL 34742

Title: SD () Delete
Name: OLIVEIRA, PATRICIA
Address: 2344 PLEASANT HILL ROAD
City-St-Zip: KISSIMMEE, FL 34746

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: THOMAS WANDELOSKI

PD

05/02/2009

Electronic Signature of Signing Officer or Director

Date