

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011315

FILED
Jul 21, 2009
Secretary of State

Entity Name: ALPHA OMICRON PI, INC - TBAC

Current Principal Place of Business:

12149 ARMENIA GABLES CIR
TAMPA, FL 33612

New Principal Place of Business:

12708 EAGLES ENTRY DR.
ODESSA, FL 33556

Current Mailing Address:

12149 ARMENIA GABLES CIR
TAMPA, FL 33612

New Mailing Address:

12708 EAGLES ENTRY DR.
ODESSA, FL 33556

FEI Number: 59-3542561 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:

WALLEN, ROSIO
12149 ARMENIA GABLES CIR
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

GOEDE, LORI
12708 EAGLES ENTRY DR.
ODESSA, FL 33556 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: LORI GOEDE

07/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WALLEN, ROSIO
Address: 12149 ARMENIA GABLES CIR
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KEMPER, CRYSTAL PRES.
Address: 3255 GRAND PINES DR
City-St-Zip: LAKE LAND, FL 33810

Title: VP () Change (X) Addition
Name: MOORE, KAE LIN VP
Address: 4110 CENTRAL SARASOTA PKWY, #135
City-St-Zip: SARASOTA, FL 34238

Title: TREA () Change (X) Addition
Name: GOEDE, LORI TREAS.
Address: 12708 EAGLES ENTRY DR.
City-St-Zip: ODESSA, FL 33556

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: LORI GOEDE

TREA

07/21/2009

Electronic Signature of Signing Officer or Director

Date