

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004632

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** OMEGAS 4 CHANGE, INC.

**Current Principal Place of Business:**

8085 SUMMER BAY COURT  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 41151  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 27-1951655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KING, RONNIE  
8085 SUMMER BAY COURT  
JACKSONVILLE, FL 32256 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  
**Name:** DOCTOR, ZEBOYE  
**Address:** PO BOX 41151  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** SD  
**Name:** THOMAS, DERRELL  
**Address:** PO BOX 41151  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** VPD  
**Name:** DAVIS, GLEN  
**Address:** PO BOX 41151  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** T  
**Name:** SINCLAIR, TIMOTHY  
**Address:** PO BOX 41151  
**City-St-Zip:** JACKSONVILLE, FL 32203

I hereby 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 all other like empowered.

**SIGNATURE:** RONNIE KING

**PRES**

**04/25/2011**

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

\_\_\_\_\_  
Date