

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90121 023 \*\*\*\*70.00

**DOCUMENT # N12174**

1. Entity Name  
**ALPHA & OMEGA CHRISTIAN NETWORK, INC.**

Principal Place of Business Mailing Address  
**1013 MEADOWLAWN DR. N. ST. PETERSBURG FL 33702** **1013 MEADOWLAWN DR. N. ST. PETERSBURG FL 33702-7439**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-2627426** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**VILENDRER, DON KAY**  
**1013 MEADOWLAWN DR. N.**  
**ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>VILENDRER, DON KAY</b>
STREET ADDRESS	<b>1013 MEADOWLAWN DR. N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	DV <input type="checkbox"/> Delete
NAME	<b>BECK, JOHN E</b>
STREET ADDRESS	<b>400-45TH AVE NE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	<b>VILENDRIER, MARVIN N</b>
STREET ADDRESS	<b>1013 MEADOWLAWN DR. N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>
TITLE	DV <input type="checkbox"/> Delete
NAME	<b>TREZZA, JOHN M.</b>
STREET ADDRESS	<b>1783 WINFIELD CIRC.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD VILENDRER MARVIN N</b>
STREET ADDRESS	<b>1013 MEADOWLAWN DRIVE NORTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don Kay Vilenדרer* **DON KAY VILENDRER** 4-11-00 (727) 527-7772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)