

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90136 014 ****70.00

DOCUMENT # N12174

1. Entity Name

ALPHA & OMEGA CHRISTIAN NETWORK, INC.

Principal Place of Business

103 MEADOWLAWN DR. N.
 ST. PETERSBURG FL 33702

Mailing Address

1013 MEADOWLAWN DR. N.
 ST. PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

VILENDRER, DON KAY
1013 MEADOWLAWN DR. N.
ST. PETERSBURG FL 33702

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
VILENDRER, DON KAY
1013 MEADOWLAWN DR. N.
ST. PETERSBURG FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
BECK, JOHN E
400-45TH AVE NE
ST PETERSBURG FL 33703

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
VILENDRER, MARVIN N
3210 NW 95TH TERRACE
FORT LAUDERDALE FL 33351

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
1013 MEADOWLAWN DRIVE N.
ST. PETERSBURG, FL 33702

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
TREZZA, JOHN M.
1783 WINFIELD CIRC
CLEARWATER FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 VILENDRER** *Don Kay Vilenrer* 4/23/02 (727) 527-7772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)