

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18276

FILED
Apr 27, 2004
Secretary of State

Entity Name: ALPHA-OMEGA CRISIS CENTER, INC.

Current Principal Place of Business:

140 DUNTY ROAD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

140 DUNTY ROAD
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2844169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPES, SANDRA JEAN
140 DUNTY ROAD
LAKE PLACID, FL 33852 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: DP () Delete
Name: LOPES, SANDRA JEAN,
Address: 140 DUNTY ROAD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D () Delete
Name: HARTZELL, FRANK
Address: 404 HENSCRATCH ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: DV () Delete
Name: GUNSALUS, ROSETTA
Address: 913 SE 8TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: TRZASKA, LORY
Address: 168 DUNTY ROAD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D () Delete
Name: WHITE, BARDIE
Address: 3975 SHELL RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: HOLMES, MARGO
Address: 140 RAINY ROAD
City-St-Zip: LAKE PLACID, FL 33852 US

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:

Title: () Change () Addition
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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 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 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: SANDRA J. LOPES

DP

04/27/2004

Electronic Signature of Signing Officer or Director

Date