

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18276

FILED  
May 03, 2007  
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 (X)**  
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:**

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: FITZGERALD, LORY  
Address: 1504 THIRD STREET  
City-St-Zip: LAKE PLACID, FL 33852 US

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

**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  
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 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: SANDRA JEAN LOPES

DIR.

05/03/2007

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

\_\_\_\_\_  
Date