## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18276

FILED Apr 30, 2008 Secretary of State

Entity Name: ALPHA-OMEGA CRISIS CENTER, INC.

Current Principal Place of Business:			New Principal Place of Business:
140 DUNT LAKE PLA	Y ROAD CID, FL 33852	2 US	
Current M	lailing Addres	ss:	New Mailing Address:
140 DUNT LAKE PLA	Y ROAD CID, FL 33852	2 US	
FEI Number	: 59-2844169	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	l Address of C	Current Registered Agent:	Name and Address of New Registered Agent:
LOPES, SANDRA JEAN 140 DUNTY ROAD LAKE PLACID, FL 33852 US			LOPES, SANDRA JEAN 140 DUNTY ROAD LAKE PLACID, FL 33852 US
	e named entity s e of Florida.	submits this statement for th	e purpose of changing its registered office or registered agent, or both
SIGNATUI	RE: SANDRA	J. LOPES	04/30/2008
	Electror	nic Signature of Registered A	gent Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	DP ( ) LOPES, SANDF 140 DUNTY RO LAKE PLACID,	DAD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) HARTZELL, FR 404 HENSCRA' LAKE PLACID,	TCH ROAD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV ( ) GUNSALUS, RC 913 SE 8TH AV OKEECHOBEE	'ENUE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) FITZGERALD, I 1504 THIRD ST LAKE PLACID,	REET	Title: D (X) Change ( ) Addition Name: ROW, KELLY Address: 450 OHIO ST. City-St-Zip: LAKE PLACID, FL 33852 US
Title: Name: Address: City-St-Zip:	D ( ) WHITE, BARDI 3975 SHELL RI SARASOTA, FL	D	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	( )	) Delete	Title: D ( ) Change (X) Addition Name: ROUSH, DAWN Address: 702 4TH STREET City-St-Zip: NEW HAVEN, WV 25265

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. 04/30/2008