

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46738

FILED
Jan 20, 2011
Secretary of State

Entity Name: ALPHA OMEGA MIRACLE HOME, INC.

Current Principal Place of Business:

1845 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1835 US 1 SOUTH
STE 119-235
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 65-0318958 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRANKLIN, LISA C
317 ORCHIS ROAD
SAINT AUGUSTINE, FL 32086 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: VP
Name: BORDLEY, ALLIE
Address: 835 WILDWOOD DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P
Name: FRANKLIN, LISA C
Address: 317 ORCHIS ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T,S
Name: DRAINER, MONA
Address: 5172 FARM CREEK ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D
Name: PACETTI, CHRISTOPHER
Address: 330 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: MURPHY, CLAYTON
Address: 3553 KINGS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D
Name: GLISSON, EARL
Address: 619 SEGOVIA ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: LISA C FRANKLIN

P

01/20/2011

Electronic Signature of Signing Officer or Director

Date