

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003412 (3)**  
1. Corporation Name  
**ALPHA/OMEGA CHARITABLE FOUNDATION, INC.**



Principal Place of Business <b>452 WORTH AVE. PALM BEACH FL 33480</b>	Mailing Address <b>C/O FRANK J GILBERT II 31 BROOKSIDE DRIVE GREENWICH CT 06830-6422</b>
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3. Date Incorporated or Qualified <b>07/12/1994</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 c/o Frank J. Gilbride II</b>	4. FEI Number <b>65-0510147</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**DE LESSEPS, TAUNI  
452 WORTH AVE.  
PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LESSEPS, TAUNI</b>	
STREET ADDRESS	<b>452 WORTH AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LESSEPS, ANITA</b>	
STREET ADDRESS	<b>452 WORTH AVENUE</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>GILBRIDE, FRANK J</b>	
STREET ADDRESS	<b>31 BROOKSIDE DRIVE</b>	
CITY-ST-ZIP	<b>GREENWICH CT 06836</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Keefe, Anita de Lesseps</b>
2.3 STREET ADDRESS	<b>Aiken Road</b>
2.4 CITY-ST-ZIP	<b>Greenwich, CT 06831</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gilbride, II Frank J.</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>06830</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Larry B. Alexander</b>
4.3 STREET ADDRESS	<b>505 South Flagler Drive</b>
4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33402-3475</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Fletcher T. Booker</b>
5.3 STREET ADDRESS	<b>452 Worth Avenue</b>
5.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank J. Gilbride II* **JAN 9, 1997** 203 622-9365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075001

CR2E037 (9/96)