

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003412

1. Entity Name

ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90077 022 ****61.25

Principal Place of Business 452 WORTH AVE. PALM BEACH FL 33480	Mailing Address P. O. BOX 658 31 BROOKSIDE DR GREENWICH CT 06836-0658 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0510147	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LESSEPS, TAUNI	
STREET ADDRESS	452 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEEFE, ANITA DE LESSE	
STREET ADDRESS	AIKEN ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GILBRIDE, FRANK J II	
STREET ADDRESS	31 BROOKSIDE DRIVE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, LARRY B	
STREET ADDRESS	505 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-3475	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKER, FLETCHER T	
STREET ADDRESS	452 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *FRANK J. Gilbride II* **FRANK J. Gilbride II** **3-28-00** **203-622-9360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)