

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003412

FILED
Feb 05, 2008
Secretary of State

Entity Name: ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

505 S FLAGLER DRIVE
1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3475
WEST PALM BEACH, FL 334023475 US

New Mailing Address:

FEI Number: 65-0510147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, LARRY B
505 S FLAGLER DRIVE
1100
WEST PALM BEACH, FL 33401 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: D () Delete
Name: KEEFE, ANITA
Address: AIKEN ROAD
City-St-Zip: GREENWICH, CT 06831

Title: VD () Delete
Name: GILBRIDE, FRANK J II
Address: 31 BROOKSIDE DRIVE
City-St-Zip: GREENWICH, CT 06836

Title: PD () Delete
Name: ALEXANDER, LARRY B
Address: 505 S. FLAGLER DRIVE, SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BOOKER, FLETCHER T
Address: 9180 SE RIVERFRONT TERRACE, SEA B ISLAND
City-St-Zip: TEQUESTA, FL 33469

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:

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: LARRY B. ALEXANDER

PD

02/05/2008

Electronic Signature of Signing Officer or Director

Date