

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003412

FILED
Mar 01, 2012
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:

31 BROOKSIDE DRIVE
GREENWICH, CT 06830

Current Mailing Address:

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

New Mailing Address:

31 BROOKSIDE DRIVE
GREENWICH, CT 06830

FEI Number: 65-0510147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
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: VD
Name: KEEFE, ANITA
Address: AIKEN ROAD
City-St-Zip: GREENWICH, CT 06831

Title: SD
Name: GILBRIDE, FRANK J II
Address: 31 BROOKSIDE DRIVE
City-St-Zip: GREENWICH, CT 06836

Title: D
Name: VERDERBER, THOMAS
Address: 104 LEE ROAD
City-St-Zip: GARDEN CITY, NY 11530

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

Title: PD
Name: DE LESSEPS, GEOFFREY
Address: 12 HEATHER LANE
City-St-Zip: LLOYD HARBOR, NY 11743 US

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: FRANK J. GILBRIDE, II

D

03/01/2012

Electronic Signature of Signing Officer or Director

Date