

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005818 (9)

1. Corporation Name

ALPHA OMEGA FOUNDATION, INC.

Principal Place of Business

Mailing Address

101 N PHILLIPS AVE
% ANDREW NORWEST BANK SOUTH DAKOTA NA
SIOUX FALLS SD 57117-5953

101 N PHILLIPS AVE
% ANDREW NORWEST BANK SOUTH DAKOTA NA
SIOUX FALLS SD 57117-5953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1994

3a. Date of Last Report

NA

4. FEI Number

41-1795984

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, ROXANNE W
315 E MADISON STREET
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to sign this report

Signature of Registered Agent (Required for all corporations)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
MAHONEY, J R
21 CIRCLE WEST
EDINA MN 55436

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
GOLDMAN, A R
4900 ALBEMARLE ST NW
WASHINGTON DC 20016

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
HARRIS, JOHN E
90 S 7TH ST #2200
MINNEAPOLIS MN 55402

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

J. R. Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
Date

Signature/Name

0074514