FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N95000005367 (6)

1. Corporation Name

THE ALPHA AND OMEGA CHRISTIAN FELLOWSHIP CENTER, INC.

Principal Place of Business	Mailing Address
38277 SW 192ND AVENUE LOT #12 FLORIDA CITY FL 33034	38277 SW 192ND AVENUE LOT #12 FLORIDA CITY FL 33034

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 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

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

9. Name and Address of Current Registered Agent

DELGADO, MARITZA
2750 S.W. 87TH AVENUE
SUITE 206
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 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: Maritza Delgado — MARITZA DELGADO — X 7-8-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☒ DELETE
NAME	RAINES, CHRISTOPHER A	
STREET ADDRESS	38277 SW 192ND AVENUE LOT #12	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VD	☒ DELETE
NAME	WILLIAMS, IRA	
STREET ADDRESS	C/O RAINES 38277 SW 912ND AVE LOT #12	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	SD	☒ DELETE
NAME	LOPEZ, LOUIS A	
STREET ADDRESS	1706 NE 8TH STREET APT A	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	RAINES, CHRISTOPHER A	
1.3 STREET ADDRESS	38277 SW 192ND AVENUE LOT 12	
1.4 CITY-ST-ZIP	FLORIDA CITY FL 33034	
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	WILLIAMS, IRA	
2.3 STREET ADDRESS	38277 SW 192ND AVENUE LOT 12	
2.4 CITY-ST-ZIP	FLORIDA CITY FL 33034	
3.1 TITLE	SECRETARY DIRECTOR	☒ Change ☐ Addition
3.2 NAME	Betty Ruth Brocks	
3.3 STREET ADDRESS	17821 SW 112 PL	
3.4 CITY-ST-ZIP	MIAMI FL. 33157	
4.1 TITLE	VSD	☐ Change ☒ Addition
4.2 NAME	Robert Brocks	
4.3 STREET ADDRESS	17821 SW 112 PL	
4.4 CITY-ST-ZIP	MIAMI FL. 33157	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001905328	☐ Change ☐ Addition
6.2 NAME	-07/26/96--01026--025	7/26/96
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

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)(k), 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: X Christopher A. Raines — X 7-8-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

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