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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004266 (9)**

1. Corporation Name

ALPHA AND OMEGA FAMILY COMMUNITY RESOURCE SERVICES, INC.



Principal Place of Business 1009 GREEN PINE BLVD. SUITE A 3 WEST PALM BEACH FL 33409	Mailing Address 1009 GREEN PINE BLVD. SUITE A 3 WEST PALM BEACH FL 33409
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3. Date Incorporated or Qualified 07/25/1997
4. FEI Number 65-0772742
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SHANNON, MATTIE RUTH 1009 GREEN PINE BLVD. SUITE A 3 WEST PALM BEACH FL 33409	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SHANNON, MATTIE RUTH
STREET ADDRESS	1009 GREEN PINE BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHANNON, TIMOTHY
STREET ADDRESS	1009 GREEN PINE BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, DIANE
STREET ADDRESS	450 WEST 37TH STREET
CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	TD <input type="checkbox"/> DELETE
NAME	WORLEY, BARBARA
STREET ADDRESS	234 LAKEN DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shannon, Timothy Laman
1.3 STREET ADDRESS	1350 W 4th Street
1.4 CITY-ST-ZIP	Riviera Beach, Fla. 33409
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shannon, Mattie Ruth
2.3 STREET ADDRESS	1009 A-3 Green Pine Blvd.
2.4 CITY-ST-ZIP	West Palm Beach, Fla. 33409
3.1 TITLE	SD Lanita Nelson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1363 W 9th Street
3.4 CITY-ST-ZIP	Riviera Beach, Fla. 33404
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100002514681
4.3 STREET ADDRESS	-05/07/98--01010--041
4.4 CITY-ST-ZIP	***8.75
5.1 TITLE	SD Harriet Bailey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2643 Dudley Drive (West)
5.4 CITY-ST-ZIP	West Palm Beach, Fla.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002514681
6.3 STREET ADDRESS	-05/07/98--01010--040
6.4 CITY-ST-ZIP	***61.25

14. 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 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: *Mattie Ruth Shannon, Ex Director* 4/29/98 181-7537

CR2E037 (10/97)