


FILE NOW: FILING FEE IS \$61.25

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May 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004266					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/25/1997 4. FEI Number 65-0772742 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHANNON, MATTIE RUTH 1009 GREEN PINE BLVD. SUITE A 3 WEST PALM BEACH FL 33409				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANNON, TIMOTHY		1.2 NAME		
STREET ADDRESS	1350 W 2ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		1.4 CITY-ST-ZIP		
TITLE	M/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTIE RUTH SHANNON		2.2 NAME		
STREET ADDRESS	1009 A-3 GREEN PINE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WORLEY, BARBARA		3.2 NAME		
STREET ADDRESS	234 LAKEN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		3.4 CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON LANITA		4.2 NAME		
STREET ADDRESS	1363 W 9TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		4.4 CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIET BAILY		5.2 NAME		
STREET ADDRESS	2643 DUDLEY DR WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Mattie Ruth Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/27/99

Daytime Phone #

(561) 686-1537
(561) 686-8019 Fax

CR2E037 (1/98)