2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # **N97000004266** 1. Entity Name ALPHA AND OMEGA FAMILY COMMUNITY RESOURCE SERVICE 05-10-2000 90138 006 ****61.25 Mailing Address Principal Place of Business 1009 GREEN PINE BLVD. 1009 GREEN PINE BLVD. SUITE A 3 SUITE A 3 WEST PALM BEACH FL 33409-7020 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0772742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHANNON, MATTIE RUTH 1009 GREEN PINE BLVD. SUITE A 3 City Zip Code WEST PALM BEACH FL 33409 8. 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SHANNON, TIMOTHY CR2E037 STREET ADDRESS STREET ADDRESS 1350 W 2ND STREET CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 Change ☐ Addition TITLE ☐ Delete TITLE M/D NAME MATTIE RUTH SHANNON NAME STREET ADDRESS STREET ADDRESS 1009 A-3 GREEN PINE BLVD CITY - ST - ZIP CITY - ST - ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME WORLEY, BARBARA STREET ADDRESS STREET ADDRESS 234 LAKEN DRIVE CITY-ST-ZIF CITY-ST-ZIP WEST PALM BEACH FL 33409 Change ☐ Addition TITLE ☐ Delete TITLE S/D NAME NAME NELSON LANITA STREET ADDRESS STREET ADDRESS 1363 W 9TH STREET CITY-ST-7IP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Addition TITLE Change ☐ Oelete TITLE S/D NAME NAME HARRIET BAILY STREET ADDRESS STREET ADDRESS 2643 DUDLEY DR WEST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 17. Florida Statutes; and that my name appears in Block 10 or Block 11 if