

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004989

1. Entity Name

ALPHA & OMEGA MINISTRIES INTERNATIONAL, INC.

FILED

00 MAR 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3867 GEORGIA CT. 3867
TARPON SPRINGS FL 34689

Mailing Address
3867
3867 GEORGIA CT.
TARPON SPRINGS FL 34689-9002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3867 Georgia Court
Suite, Apt. #, etc.

3867 Georgia Court
Suite, Apt. #, etc.

City & State

City & State

Tarpon Springs, FL

Tarpon Springs, FL

Zip 34689
Country US

Zip 34689
Country US

4. FEI Number 59-3531156

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLIMIS, GEORGE N
30 NORTH RING AVE., STE 400
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)
23 East Tarpon Avenue

City Tarpon Springs FL Zip Code 34689

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SPEROS, STEPHEN Delete
STREET ADDRESS 3867 GEORGIA CT. 3867
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE Change Addition
NAME
STREET ADDRESS 3867 Georgia Court
CITY-ST-ZIP

TITLE STD
NAME SPEROS, ANNA Delete
STREET ADDRESS 3867 GEORGIA CT. 3867
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE Change Addition
NAME
STREET ADDRESS 3867 Georgia Court
CITY-ST-ZIP

TITLE D
NAME KYRIACOU, ANDREW Delete
STREET ADDRESS PO BOX 15412, N/A PANORAMA 7506
CITY-ST-ZIP CAPE TOWN, SOUTH AFRICA

TITLE Change Addition
NAME
STREET ADDRESS 500003183215--2
CITY-ST-ZIP -03/24/00--01076--009

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP LS

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
Signature and typed or printed name of signing officer or director

3/9/00

727 943236V

Date

Daytime Phone #