


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90043 010 ****61.25

DOCUMENT # N98000004989


1. Entity Name
ALPHA & OMEGA MINISTRIES INTERNATIONAL, INC.



Principal Place of Business Mailing Address
3867 GEORGIA CT. TARPON SPRINGS FL 34689-34688 **3867 GEORGIA CT. TARPON SPRINGS FL 34688**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

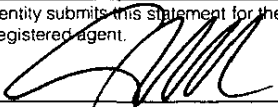
4. FEI Number **59-3531156** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KLIMIS, GEORGE N
~~23 EAST TARPON AVENUE~~
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 Name _____
 Street Address P.O. Box Number (if not applicable) **27 E. Orange St.**
 City **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-7-04**

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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SPEROS, STEPHEN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3867 GEORGIA COURT TARPON SPRINGS FL 34689
TITLE NAME	STD SPEROS, ANNA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3867 GEORGIA CT. TARPON SPRINGS FL 34689
TITLE NAME	D KYRIACOU, ANDREW <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	PO BOX 15412, N/A PANORAMA 7506 CAPE TOWN, SOUTH AFRICA
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **4/3/2004** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR