

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 029 \*\*\*\*61.25

**DOCUMENT # N98000004989**

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



Principal Place of Business      Mailing Address  
 3867 GEORGIA CT.      3867 GEORGIA CT.  
 TARPON SPRINGS, FL 34689      TARPON SPRINGS, FL 34689  
 4242 ANACONDA DR.      (SAME)  
 NEW Port Richey, FL      34655

50042171



03092005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3531156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KLIMIS, GEORGE N  
 27 E ORANGE STREET  
 TARPON SPRINGS, FL 34689

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05      727-943-1551