

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90091 006 \*\*\*\*61.25

**DOCUMENT # N98000004989**

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



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

Mailing Address  
**3867 GEORGIA CT.  
TARPON SPRINGS FL 34689**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

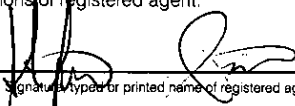
4. FEI Number **59-3531156** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KUMIS, 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 is Not Acceptable)  
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

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2003 227 9371 267

CR2E037 (10/02)