

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

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000007187**

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



Principal Place of Business  
**4724 MURIEL AVENUE  
SEBRING, FL 33870**

Mailing Address  
**ALPHA OMEGA MIN, INC.  
P.O. BOX 3578  
SEBRING, FL 33871-3578**



05022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>52-2123554</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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

**RHOADES, CLIFFORD R  
227 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33870**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | STOREY, ANNIE M       |
| STREET ADDRESS | 4923 SHADD RIVE       |
| CITY-ST-ZIP    | SEBRING, FL 33870     |
| TITLE          | D                     |
| NAME           | TAYLOR, DORIS         |
| STREET ADDRESS | 1997 N. SHARON ROAD   |
| CITY-ST-ZIP    | AVON PARK, FL 33825   |
| TITLE          | D                     |
| NAME           | LOCKETT, EMMA         |
| STREET ADDRESS | 15 OBSERVATION COURT  |
| CITY-ST-ZIP    | LAKE PLACID, FL 33852 |

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05/05/05-80127-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*May 2, 2005*  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_