

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007187

FILED
Apr 29, 2009
Secretary of State

Entity Name: ALPHA OMEGA MINISTRIES, INC.

Current Principal Place of Business:

4923 SHAD DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

ALPHA OMEGA MIN, INC.
P.O. BOX 3578
SEBRING, FL 338713578

New Mailing Address:

FEI Number: 52-2123554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOREY, ANNIE M
Address: 4923 SHADD RIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: TAYLOR, DORIS
Address: 1997 N. SHARON ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: LOCKETT, EMMA
Address: 15 OBSERVATION COURT
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE M. STOREY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date