

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007187

**FILED**  
**May 12, 2012**  
**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:**

P O BOX 3578  
SEBRING, FL 33871 US

**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:**

STOREY, ANNIE M  
4923 SHAD DR  
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  
**Name:** STOREY, ANNIE M  
**Address:** 4923 SHAD DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** D  
**Name:** KINCHEN, MAGGIE  
**Address:** 112 ATTERBERRY DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** D  
**Name:** LOCKETT, EMMA  
**Address:** 104 WILDCAT STREET NW  
**City-St-Zip:** LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

**SIGNATURE:** ANNIE M STOREY

D

05/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date