

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006454

FILED
Apr 28, 2009
Secretary of State

Entity Name: REV. 22;13" THE ALPHA & OMEGA A-Z YOUTH CENTER, INC.

Current Principal Place of Business:

1065 N.E. 125TH ST.,#319
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640092
NORTH MIAMI BEACH, FL 33164

New Mailing Address:

FEI Number: 65-0948803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOKKELEN, VAN AMR,MD
655 NE 166 ST
NORTH MIAMI BEACH, FL 33161 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: DST () Delete
Name: BOKKELEN, VAN AMR, MD
Address: 665 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: DA () Delete
Name: KENNELLY, KAREN DR
Address: 2345 NE 135 ST, APT 301
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: TST () Delete
Name: J.A., KISIA DR
Address: 2345 NE 135 ST, APT 301
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: TST () Delete
Name: KENNEDY, KATHY DR
Address: 2345 NE 135 ST, APT 301
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: T () Delete
Name: BIRD, LARRY DR
Address: 655 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: T () Delete
Name: JOHN, LEONARD PHD
Address: 655 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33161

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:

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: DR.MRAVBOKKELEN,MD

DST

04/28/2009

Electronic Signature of Signing Officer or Director

Date