

P 2000003269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

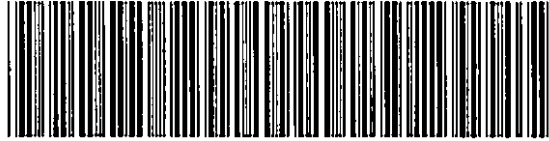
(Document Number)

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JAN 14 2022

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762 Industrial Drive  
Crestview, FL 32539  
850-398-8450

[www.alphaandomegachristianlearningcenter.org](http://www.alphaandomegachristianlearningcenter.org)  
Email: [alphaomegale@coxbusiness.net](mailto:alphaomegale@coxbusiness.net)

Dec 30, 2021

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

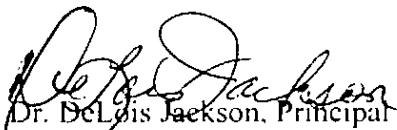
To Whom It May Concern

I am dissolving the old business, a non-profit corporation, document number N12000008545, and will establish a new profit corporation using the same business name.

I am releasing Alpha and Omega Christian Learning Center, Inc., to be reused, and I will not revoke the dissolution.

Please advise if you require additional information regarding this request. I can be reached at [deloisjackson@cox.net](mailto:deloisjackson@cox.net); or via phone at 850-902-7246.

Sincerely,

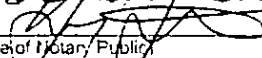
  
Dr. DeLois Jackson, Principal

Alpha and Omega Christian Learning Center, Inc.

State of Florida

County of Okaloosa

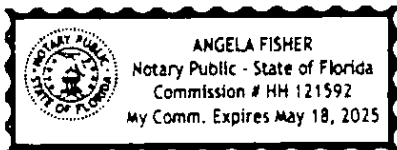
The foregoing instrument was acknowledged before me by means of  physical presence OR  online notarization this 29 day of Dec, 2021, by DeLois Jackson.

  
(Signature of Notary Public)

(Print Name of Notary Public)

Personally known  OR produced identification

Type of Identification Produced FL DL



# COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Alpha and Omega Christian Learning Center, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

\$78.75       \$87.50 Filing Fee  
Filing Fee,      Certified Copy  
& Certified Copy      & Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Dr. DeLois Jackson  
Name (Printed or typed)  
Address  
762 Industrial Drive  
City, State & Zip  
Crestview, FL 32539  
Daytime Telephone number  
850-398-8450 - 850-902-7246

E-mail address: (to be used for future annual report notification)

deloisjackson@cox.net

**NOTE: Please provide the original and one copy of the articles.  
ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Alpha and Omega Christian Learning Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

762 Industrial Drive  
Crestview, FL 32539

P.O. Box 1465  
Crestview, FL 32536

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide quality childcare services and mentoring for Okaloosa county children and surrounding communities. To provide our students high quality early childhood learning opportunities; to prepare and develop all students academically and spiritually to not only impact their communities; but, the entire world through their character and leadership. Also, to provide a rigorous and challenging curriculum. In addition to instilling the knowledge, skills, and Godly principles that are needed to fulfill their calling. EVERY student will be provided with a Christ-centered education.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DeLois Jackson, President Name and Title: Tonya Bell, Director

Address 2436 Genevieve Way Address: 715 School Avenue  
Crestview, FL 32536 Crestview, FL 32536

Name and Title: Lacey Jackson, VP Name and Title: Adora McElheney, Secretary

Address 2436 Genevieve Way Address: 108 Loop  
Crestview, FL 32536 Crestview, FL 32536

Name and Title: NaKisha Thomas, Treasurer Name and Title: \_\_\_\_\_

Address 2400 Agerton Street Address: \_\_\_\_\_  
Crestview, FL 32536 \_\_\_\_\_

21 JAN 12 PM 12:43

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DeLois Jackson

Address: 2436 Genevieve Way

Crestview, FL 32536

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: DeLois Jackson

Address: 2436 Genevieve Way

Crestview, FL 32536

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

DeLois Jackson  
Required Signature/Registered Agent

30 Dec 2021  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

DeLois Jackson  
Required Signature/Incorporator

30 Dec 2021  
Date