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3-87-95-0-241 -XNC

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 762254

(1)

1. Corporation Name

THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU
OMEGA FRATERNITY, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
2610 N.W. 43RD ST. C/O T.W. KASKEY, CPA GAINESVILLE FL 32606-6677		2610 N.W. 43RD ST. C/O T.W. KASKEY, CPA GAINESVILLE FL 32606-6677		03/02/1982		04/29/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0140545		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		☐ \$68.75 Supplemental Fee Not Required	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	
Zip		Country		24		25	
29		30		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KASKEY, T.W. 2610 NW 43RD. ST. #1D GAINESVILLE FL 32606		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, J.D.	1.2 NAME	
STREET ADDRESS	302 N.W. 6TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MATURO, FRANK, JR	2.2 NAME	
STREET ADDRESS	3010 N.W. 9TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OGLETTREE, O.B., JR.	3.2 NAME	
STREET ADDRESS	1521 N.W. 30TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	STARKES, GEORGE	4.2 NAME	
STREET ADDRESS	4814 E. LAKE DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KASKEY, T.W.	5.2 NAME	
STREET ADDRESS	2610 NW 43 ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 registered or limited unpowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-95

901-378-6699