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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 768182 (8)

1. Corporation Name

OMICRON BETA BETA CHAPTER OF OMEGA PSI PHI FRATE
RNITY, INC.



Principal Place of Business

Mailing Address

2604 ST. CHARLES
P.O. BOX 2855
FT MYERS FL 33902

2604 ST. CHARLES
P.O. BOX 2855
FT MYERS FL 33902-2855

3. Date Incorporated or Qualified
04/28/1983

3a. Date of Last Report
01/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0138836

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, WILLIE J.
2604 ST. CHARLES
FT MYERS FL 33901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Willie J. Jackson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME DANIES, AUBREY
STREET ADDRESS 3710 SE 12TH PL
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE PD Change Addition
1.2 NAME Middlebrooks, James
1.3 STREET ADDRESS 1540 Raleigh
1.4 CITY-ST-ZIP Ft. Myers, Fla 33916

TITLE TD DELETE
NAME DAVIS, BERNARD A.
STREET ADDRESS 6596 KESTREL CIR
CITY-ST-ZIP FT MYERS, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME GIBBONS, JOHN
STREET ADDRESS 2776 EUCLID AVE
CITY-ST-ZIP FT MYERS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra A. Davis / Bernard A. Davis

1-4-97

(941) 656-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 008980

CFR2E037 (9/96)