


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 768182

1. Entity Name
OMICRON BETA BETA CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.



Principal Place of Business 2604 ST. CHARLES P.O. BOX 2855 FT MYERS, FL 33902	Mailing Address 2604 ST. CHARLES P.O. BOX 2855 FT MYERS, FL 33902
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04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0138836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYSON, EMMIT 706 EDISON LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, BERNARD A. 6596 KESTREL CIR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JR., JOE 3148 GUAVA ST. FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/19/05-80075-018 61.25

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12. I 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard A. Davis 4-14-05 239-656-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bernard A. Davis