


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 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      Mailing Address  
**2604 ST. CHARLES  
P.O. BOX 2855  
FT MYERS, FL 33902**      **2604 ST. CHARLES  
P.O. BOX 2855  
FT MYERS, FL 33902**

**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-0138836**      Not Applicable

5. Certificate of Status Desired            **\$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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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2006**      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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/27/06-80004-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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:       3/11/06      239-656-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #