

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768182

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

2746 BLABE ST.
FT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2855
FT MYERS, FL 33902

New Mailing Address:

FEI Number: 65-0138836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRYSON, EMMIT
Address: 706 EDISON
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD () Delete
Name: DAVIS, BERNARD A.,
Address: 6596 KESTREL CIR
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: WILLIAMS, JR., JOE
Address: 3148 GUAVA ST.
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. JACKSON

RA

04/29/2008

Electronic Signature of Signing Officer or Director

Date