

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91707 048 ****61.25

DOCUMENT # N00000008533

1. Entity Name

XI OMICRON OMEGA CHAPTER OF ALPHA KAPPA ALPHA SOCIETY, INC.

Principal Place of Business

Mailing Address

**1139 VARSITY DR
 PANAMA CITY FL 32444**

**1139 VARSITY DR
 PANAMA CITY FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0595980**
~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOON, CECILE M
 36 OAK AVE
 PANAMA CITY FL 32401**

Name **SCOON, CECILE M.**

Street Address (P.O. Box Number is Not Acceptable)

25 East Eighth St

City **Panama City**

FL

Zip Code **32401**

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.

SIGNATURE

Cecile M. Scoon

CECILE M. SCOON

8 May 02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/S** Delete
 NAME **ROULAC, JUDY**
 STREET ADDRESS **1139 VARSITY DR**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D/T** Change Addition
 NAME **MAMIE VANN**
 STREET ADDRESS **5054 W. FORT RD.**
 CITY-ST-ZIP **GREENWOOD, FL 32443**

TITLE **S/D** Delete
 NAME **GUATIER, FLOSSIE**
 STREET ADDRESS **1511 ILL AVE**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D/T** Change Addition
 NAME **XURIPHA ANCRUM**
 STREET ADDRESS **308 CARDIFF CT**
 CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **D/S** Delete
 NAME **MILLER, LOIS**
 STREET ADDRESS **1509 MISS AVE**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D** Change Addition
 NAME **THELMA LAMBERT**
 STREET ADDRESS **614 East 13th St.**
 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D/P** Delete
 NAME **GRIFFIN, YVETTE**
 STREET ADDRESS **P.O. BOX 926**
 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** Change Addition
 NAME **ALEATHA WALKER**
 STREET ADDRESS **1503 DUNNET CT**
 CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE **D/VP** Delete
 NAME **HALL, MARSHA**
 STREET ADDRESS **1601 MASS AVE**
 CITY-ST-ZIP **LYNN HAVEN FL 32401**

TITLE **D** Change Addition
 NAME **ANGELIA REYNOLDS**
 STREET ADDRESS **9226 CROOK HOLLOW RD**
 CITY-ST-ZIP **PANAMA CITY, FLA. 32404**

TITLE **D/S** Delete
 NAME **ELVIRA JONES**
 STREET ADDRESS **1009 Transmitter Rd**
 CITY-ST-ZIP **Panama City, Fla 32401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Mark J. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2002 (850) 236-3070

Date

Daytime Phone #

CR2E037 (9/01)