

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008533

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: XI OMICRON OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY, INC.

**Current Principal Place of Business:**

1139 VARSITY DR  
PANAMA CITY, FL 32444

**New Principal Place of Business:**

1139 VARSITY DR  
PANAMA CITY, FL 32401

**Current Mailing Address:**

1139 VARSITY DR  
PANAMA CITY, FL 32444

**New Mailing Address:**

1139 VARSITY DR  
PANAMA CITY, FL 32401

FEI Number: 02-0595980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOON, CECILE M  
25 EAST EIGHTH ST  
PANAMA CITY, FL 32401 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: D ( ) Delete  
Name: ROULAC, JUDY  
Address: 1139 VARSITY DR  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete  
Name: GUATIER, FLOSSIE  
Address: 1511 ILL AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: MILLER, LOIS  
Address: 1509 MISS AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: GRIFFIN, YVETTE  
Address: P.O. BOX 926  
City-St-Zip: PANAMA CITY, FL 32401

Title: DV ( ) Delete  
Name: HALL, MARSHA  
Address: 1601 MASS AVE  
City-St-Zip: LYNN HAVEN, FL 32401

Title: DS ( ) Delete  
Name: JONES, ELVIRA  
Address: 1009 TRANSMITTER RD  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROULHAC, JUDY  
Address: 1139 VARSITY DR  
City-St-Zip: PANAMA CITY, FL 32401

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

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

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 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: JUDY ROULHAC

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date