2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N00000008533

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

Current Principal Place of Business:

1139 VARSITY DR
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1139 VARSITY DR
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 02-0595980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ROULHAC, JUDY
Address: 1139 VARSITY DR
City-St-Zip: PANAMA CITY, FL 32401

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: ( ) 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:

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: JUDY ROULHAC DIR 05/03/2007

Electronic Signature of Signing Officer or Director Date