


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State

08-20-2008 90002 009 ****70.00

DOCUMENT # N06000003766

1. Entity Name
 CHI PSI OMEGA PLUS, INC.



Principal Place of Business
 1240 SW 6 WAY
 DEERFIELD BEACH, FL 33441

Mailing Address
 P.O. BOX 771855
 CORAL SPRINGS, FL 33077

40113931



2. Principal Place of Business - Not P.O. Box #
 1658 S.W. 44 Avenue
 Suite, Apt. #, etc.
 Apt # A
 City & State
 Fort Lauderdale, FL
 Zip
 33317
 Country
 United States

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

08092008 Chg-NP CR2E037 (12/06)

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BATTLE, GLORIA J
 1240 SW 6 WAY
 DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent
 Name
 JOSETTA B PATTERSON
 Street Address (P.O. Box Number is Not Acceptable)
 1658 SW 44 Ave #A
 City
 Ft Lauderdale
 FL
 Zip Code
 33317

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 Joetta B Patterson, Director, Vice President DATE 8/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORNELIUS, BARBARA 7921 SOUTHGATE BLVD #D-8 N. LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas, Barbara J (Name) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP 7921 Southgate Blvd D8 North Lauderdale, Florida 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JOSETTA 7921 SOUTHGATE BLVD. #D-8 N LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice-President (Title) Joetta Patterson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, EMMA 7921 SOUTHGATE BLVD. #D-8 N LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Revertha W. Grace (Name) Director 4501 N.W. 25th Street Lauderhill, Florida 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYRICK, GLORIA 7921 SOUTHGATE BLVD. #D-8 N LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Yenetta McCullough 17 Canterbury Lane Tamarac, Florida 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, SHARON 7921 SOUTHGATE BLVD. #D-8 N LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: Barbara J. Thomas DATE: 8/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 294-0651
 (294) 410-6613