

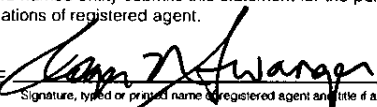
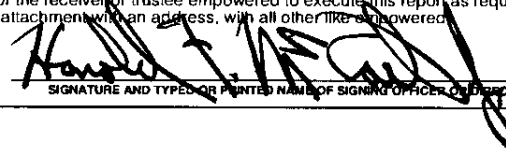


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 049 ****61.25

DOCUMENT # 762254 1. Entity Name THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAUOMEGA FRATERNITY, INC					
Principal Place of Business 207 SW 13 STREET GAINESVILLE, FL 32601			Mailing Address P.O. BOX 357038 GAINESVILLE, FL 32635-7038 US		
2. Principal Place of Business 207 SW 13 Street		3. Mailing Address P. O. BOX 1616			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32601-6321	Country USA	Zip 32601-1616	Country USA		
4. FEI Number 59-0140545				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KASKEY, T.W. 2610 NW 43RD. ST. #1D GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Roger N. Swanger, CPA Street Address (P.O. Box Number is Not Acceptable) James Moore & Co. P.L. 620 NW 16th Avenue City Gainesville FL Zip Code 32601-4034		
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  ROGER N SWANGER, CPA 2/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D HENRY, J.D. 302 N.W. 6TH STREET GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlie Arnold 11217 San Jose Blvd. Jacksonville, FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATURO, FRANK, JR 3010 N.W. 9TH PLACE GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VC/V Thomas E. Bishop, Jr. 50 N. Laura Street Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASKEY, T.W. 2610 NW 43 ST. GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Buffkin 106 SW 140th Terrace, Ste. 1 Newberry, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph S. Cronk 200 Wharfside Way Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy B. Dalton 720 Rugby Street Orlando, FL 32804-4900	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/s Gilbert S. Goshorn 10419 S.W. 75th Way Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 and empowered.					
SIGNATURE:  Harold F. McCart, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR</small>					
Chairman of the Board and President 2/11/2004 (904) 354-6543 <small>Date Daytime Phone #</small>					

~~Attachments~~ - 762254

54038652

CHANGE OF MAILING ADDRESS

**Please send all future invoices and statements to
Our accountants office:**

**Alpha Tau Omega Fraternity
c/o James Moore & Co., P.L.
P O Box 1616
Gainesville, FL 32602**
