


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90313 025 \*\*\*\*61.25

<b>DOCUMENT # 762254</b> 1. Entity Name <b>THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAUOMEGA FRATERNITY, INC</b>					
Principal Place of Business <b>207 SW 13 STREET GAINESVILLE, FL 32601-6321</b>			Mailing Address <b>P.O. BOX 1616 GAINESVILLE, FL 32602-1616 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-0140545</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04192005    Chg-NP    CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>SWANGER, ROGER N CPA JAMES MOORE &amp; CO. 620 NW 16TH AVE. GAINESVILLE, FL 32601-4034</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARNOLD, CHARLIE</b> <b>11217 SAN JOSE BLVD.</b> <b>JACKSONVILLE, FL 32223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  please see attached list	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCV</b> <b>BISHOP, THOMAS E JR</b> <b>50 N. LAURA ST.</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  please see attached list	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUFFKIN, ERIC</b> <b>106 SW 140TH TERR., STE 1</b> <b>NEWBERRY, FL 32669</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  please see attached list	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRONK, JOSEPH S</b> <b>200 WHARFSIDE WAY</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  please see attached list	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALTON, ROY B</b> <b>720 RUGBY ST.</b> <b>ORLANDO, FL 328044900</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  please see attached list	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>GOSHORN, GILBERT S</b> <b>10419 S.W. 75TH WAY</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  please see attached list	
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.					
<b>SIGNATURE: GEORGE A DELL</b>			<b>4/15/05 352 378-1331</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# ATTACHMENT

2.0039226

## THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU OMEGA FRATERNITY INC OFFICERS/DIRECTORS NAME AND ADDRESS

DOCUMENT #762254

Title: D/C/P  
Name: **Harold F. McCart, Jr.**  
Street Address: 3102 St. Johns Avenue  
City – State – Zip: Jacksonville, FL 32205

Title: D/VC/V  
Name: **Thomas E. Bishop, Jr.**  
Street Address: 50 N. Laura Street  
City – State – Zip: Jacksonville, FL 32202

Title: D/S  
Name: **Gilbert S. Goshorn**  
Street Address: 10419 S.W. 75<sup>th</sup> Way  
City – State – Zip: Gainesville, FL 32608

Title: D/T  
Name: **C. H. Swan**  
Street Address: 227 Pablo Road  
City – State – Zip: Ponte Vedra Beach, FL 32082

Title: D  
Name: **Charlie Arnold**  
Street Address: 11217 San Jose Blvd.  
City – State – Zip: Jacksonville, FL 32223

Title: D  
Name: **Eric Buffkin**  
Street Address: 304 S.W. 140<sup>th</sup> Terrace  
City – State – Zip: Newberry, FL 32669

Title: D  
Name: **Joseph S. Cronk**  
Street Address: 200 Wharfside Way  
City – State – Zip: Jacksonville, FL 32207

Title: D  
Name: **Roy B. Dalton**  
Street Address: 130 Hillcrest Street  
City – State – Zip: Orlando, FL 32801

# ATTACHMENT

DOCUMENT #762254 continued

## OFFICERS/DIRECTORS NAME AND ADDRESS

Title: D  
Name: **George Dell**  
Street Address: P. O. Box 1616  
City – State – Zip: Gainesville, FL 32602-1616

Title: D  
Name: **James D. Henry**  
Street Address: 302 NW 6<sup>th</sup> Street  
City – State – Zip: Gainesville, FL 32601

Title: D  
Name: **Erik Lindquist**  
Street Address: 1025 Hunter Avenue  
City – State – Zip: Orlando, FL 32804

Title: D  
Name: **Greg Marion**  
Street Address: 715 Dobbins Street  
City – State – Zip: West Palm Beach, FL 33405

Title: D  
Name: **Frank J. Maturo, Jr.**  
Street Address: 3010 N.W. 9<sup>th</sup> Place  
City – State – Zip: Gainesville, FL 32605

Title: D  
Name: **Bruce O=Donoghue**  
Street Address: 700 Nicolet Avenue, Suite 100  
City – State – Zip: Winter Park, FL 32789

Title: D  
Name: **A. G. Spicola, Jr.**  
Street Address: 412 Madison Street, Suite 807  
City – State – Zip: Tampa, FL 33602

Title: D  
Name: **Michael L. Underwood**  
Street Address: 334 Andalusia Ave., Ste. 1  
City – State – Zip: Ormond Beach, FL 32174

# ATTACHMENT

DOCUMENT #762254 continued

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## OFFICERS/DIRECTORS NAME AND ADDRESS

Title: D  
Name: **John H. Weisemiller**  
Street Address: 1501 Gulf Boulevard  
City – State – Zip Clearwater, FL 33767

Title: D  
Name: **Rob Wilson**  
Street Address: 12588 76<sup>th</sup> Road North  
City – State – Zip West Palm Beach, FL 33412