2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 762254

1. Entity Name
THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAUOMEGA FRATERNITY, INC

Principal Place of Business	Mailing Address
207 SW 13 STREET GAINESVILLE, FL 32601-6321	P.O. BOX 1616 GAINESVILLE, FL 32602-1616 US

04252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-0140545
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWANGER, ROGER N CPA
JAMES MOORE & CO.
620 NW 16TH AVE.
GAINESVILLE, FL 32601-4034

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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 _____ DATE
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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARNOLD, CHARLIE
STREET ADDRESS	11217 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	DVCV
NAME	BISHOP, THOMAS E JR
STREET ADDRESS	50 N. LAURA ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	BUFFKIN, ERIC
STREET ADDRESS	106 SW 140TH TERR., STE 1
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	D
NAME	CRONK, JOSEPH S
STREET ADDRESS	200 WHARFSIDE WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	DALTON, ROY B
STREET ADDRESS	720 RUGBY ST.
CITY-ST-ZIP	ORLANDO, FL 328044900
TITLE	DS
NAME	GOSHORN, GILBERT S
STREET ADDRESS	10419 S.W. 75TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32608

U00000534292
05/08/06-80006-018 61.25

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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, with all other like empowered

SIGNATURE: M Dale 4/25/06 352 378-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #