

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 022 ****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 32601-6321			Mailing Address P.O. BOX 1616 GAINESVILLE, FL 32602-1616 US 5391 NW 1st Place Gainesville FL 32607-2063		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0140545	
5. Certificate of Status Desired ☐				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			7. Name and Address of New Registered Agent Name SWANGER, ROGER N CPA Street Address (P.O. Box Number is Not Acceptable) JAMES MOORE & CO 5391 NW 1st PLACE City GAINESVILLE FL Zip Code 32607-2063		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	D ARNOLD, CHARLIE 11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCV BISHOP, THOMAS E JR 50 N. LAURA ST. JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCVS ☒ Change ☐ Addition Bishop, Thomas E JR Tanner Bishop One Independent Dr Ste 17 Jacksonville FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFKIN, ERIC 106 SW 140TH TERR., STE 1 NEWBERRY, FL 32669	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONK, JOSEPH S 200 WHARFSIDE WAY JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, ROY B 720 RUGBY ST. ORLANDO, FL 328044900	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOSHORN, GILBERT S 10419 S.W. 75TH WAY GAINESVILLE, FL 32608	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, with all other like empowered.					
SIGNATURE: _____			Date: <u>2/13/07</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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