

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728040

FILED
Mar 06, 2008
Secretary of State

Entity Name: ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

Current Principal Place of Business:

113 ALMERIA AVE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

113 ALMERIA AVE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-0817798 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAAS, NORMAN M ESQ
113 ALMERIA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: KUSHNER, BRIAN
Address: 3140 VIRGINIA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: TR () Delete
Name: ZIRULNICK, JEFFREY M
Address: 12705 SW 94 CT
City-St-Zip: MIAMI, FL 33176

Title: TR () Delete
Name: LEVINSON, FRED
Address: 2270 SW 102 DR
City-St-Zip: DAVIE, FL 33324

Title: TR (X) Delete
Name: WAAS, NORMAN M
Address: 113 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: WAAS, NORMAN M
Address: 113 ALMERIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN M. WAAS

TR

03/06/2008

Electronic Signature of Signing Officer or Director

Date