2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762254

Apr 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

207 SW 13 STREET 207 SW 13 STREET

GAINESVILLE, FL 326016321 GAINESVILLE, FL 326016321 US

Current Mailing Address: New Mailing Address:

5391 NW 1ST PLACE

GAINESVILLE, FL 32607 US

FEI Number: 59-0140545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWANGER, ROGER N CPA JAMES MOORE & CO. 5391 NW 1ST PLACE GAINESVILLE, FL 32607 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ROBINSON, JOHN E JR MARION, JOHN B IV Name: Name: 901 N LAKE DESTINY DRIVE SUITE 370 Address: 811 NORTH OLIVE AVENUE Address:

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Delete Title: (X) Change () Addition

Name: LANG, JIM Name: LINDQUIST, ERIC Address: 707 TRUETT DRIVE Address: 1025 HUNTER AVENUE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: ORLANDO, FL 328042846 US

Title: () Delete Title: (X) Change () Addition

WILSON, BRAD CAMERON, DONALD Name: Name:

12901 HUNTLEY MANOR DRIVE Address: PO BOX 12204 Address: City-St-Zip: GAINESVILLE, FL 32604 City-St-Zip: JACKSONVILLE, FL 32224 US

Title: () Delete Title: (X) Change () Addition Name: SMITH, DAVID Name: RANDOLPH, JOHN W JR

Address: 4985 ARAPAHOE AVE Address: 212 MARLBOROUGH ROAD City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: WEST PALM BEACH, FL 334051617 US

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: JOHN B. MARION, IV. C 04/16/2009