I hereby 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 all other like empowered.

TR

SIGNATURE: NORMAN M. WAAS

#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 728040**

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

### **Current Principal Place of Business:**

TWO ALHAMBRA PLAZA SUITE 750 CORAL GABLES, FL 33134

# **Current Mailing Address:**

TWO ALHAMBRA PLAZA SUITE 750 CORAL GABLES, FL 33134 US

# FEI Number: 59-0817798

# Name and Address of Current Registered Agent:

WAAS, NORMAN M ESQ 135 SAN LORENZO AVENUE SUITE 500 CORAL GABLES, FL 33146 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: NORMAN M. WAAS					
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TR	Title	TR		
Name	KUSHNER, BRIAN	Name	WAAS, NORMAN M		
Address	3140 VIRGINIA ST	Address	135 SAN LORENZO AVENUE SUITE 500		
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	CORAL GABLES FL 33146		
Title Name	TR LEVINSON, FRED	Title TR	TR		
	,	Name	LEVINE, SETH		
Address City-State-Zip:	13525 BARTRAM PARK BLVD., #1430 JACKSONVILLE FL 32258	Address	11420 SMATHERS CIRCLE		
		City-State-Zip:	PINECREST FL 33156		

# Certificate of Status Desired: No

FILED Mar 18, 2014 Secretary of State CC2606397647