

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728040

**Entity Name:** ALPHA OMEGA FOUNDATION OF ZETA BETA TAU  
FRATERNITY, INC.**FILED**  
**Jan 28, 2024**  
**Secretary of State**  
**5231542486CC****Current Principal Place of Business:**1320 CITY CENTER DR.  
SUITE 225  
CARMEL, IN 46032**Current Mailing Address:**12420 S.W. 89TH AVE.  
MIAMI, FL 33176 US**FEI Number: 59-0817798****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KUSHNER, BRIAN  
12420 S.W. 89TH AVE.  
MIAMI, FL 33176 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title TR  
Name KUSHNER, BRIAN  
Address 12420 S.W. 89TH AVE.  
City-State-Zip: MIAMI FL 33176Title P  
Name SCHNEIDER, CLIFF S ESQ.  
Address 200 EAST 87TH ST - APT. 8J  
City-State-Zip: NEW YORK NY 10128Title S  
Name SILBERFEIN, SCOTT E ESQ.  
Address 5 OAK WAY  
City-State-Zip: SCARSDALE NY 10583Title T  
Name JORDAN, MICHAEL V CPA  
Address 1841 W. BERTEAU AVE  
City-State-Zip: CHICAGO IL 60613Title TR  
Name RODRIGUEZ, SANTIAGO J  
Address 1161 SW 118TH TERRACE  
City-State-Zip: DAVIE FL 33325

*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.*

**SIGNATURE: BRIAN KUSHNER****TREASURER****01/28/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date