

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768182

**Entity Name:** OMICRON BETA BETA CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC3682681817**

**Current Principal Place of Business:**

2746 BLAKE ST.  
FT MYERS, FL 33916

**Current Mailing Address:**

P.O. BOX 2855  
FT MYERS, FL 33902

**FEI Number: 65-0138836**

**Certificate of Status Desired: No**

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

BRYSON, EMMIT J  
706 EDISON AVE  
LEHIGH ACRES, FL 33972 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 PD  
Name JACKSON,, WILLIE  
Address 2604 ST. CHARLES  
City-State-Zip: FT. MYERS FL 33916

Title TD  
Name DAVIS, BERNARD A.  
Address 6596 KESTREL CIR  
City-State-Zip: FORT MYERS FL 33912

Title SD  
Name WILLIAMS, JR., JOE  
Address 3148 GUAVA ST.  
City-State-Zip: FORT MYERS FL 33916

*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: JOHN L. GIBBONS**

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date