

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728040

FILED  
Jan 25, 2012  
Secretary of State

**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

TWO ALHAMBRA PLAZA  
SUITE 750  
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  
TWO ALHAMBRA PLAZA  
SUITE 750  
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  
Name: KUSHNER, BRIAN  
Address: 3140 VIRGINIA ST  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TR  
Name: WAAS, NORMAN M  
Address: TWO ALHAMBRA PLAZA, SUITE 750  
City-St-Zip: CORAL GABLES, FL 33134

Title: TR  
Name: LEVINSON, FRED  
Address: 13525 BARTRAM PARK BLVD., #1430  
City-St-Zip: JACKSONVILLE, FL 32258

Title: TR  
Name: LEVINE, SETH  
Address: 11420 SMATHERS CIRCLE  
City-St-Zip: PINECREST, FL 33156

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: NORMAN M. WAAS

TR

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date