FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:49

DOCUMENT # **756383** **(6)**

1. Corporation Name

ZETA CHI CHAPTER OMEGA PSI PHI FRATERNITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 100018 FT LAUDERDALE FL 33310	P.O. BOX 100018 FT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1981
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0142090 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLOWERS, T J
4910 NW 18TH CT
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: D. J. Flowers, T. J. FLOWERS — 3/23/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	THURSTON, KENNETH	1.2 NAME	FLOWERS, THOMAS J.	
STREET ADDRESS	3250 NW 21ST STREET	1.3 STREET ADDRESS	4910 NW 18TH COURT	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	STUBBINS, ABRAHAM	2.2 NAME	WOODS, LARRY	
STREET ADDRESS	7475 NW 53RD STREET	2.3 STREET ADDRESS	4391 NW 19TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL. 33313	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	FLOWERS, T J	3.2 NAME	~~TODD BELL~~ BELL, TODD	
STREET ADDRESS	4910 NW 18 CT	3.3 STREET ADDRESS	3510 NW 8TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	TD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	SMITH, ROBERT	4.2 NAME	MILLER, ERIC	
STREET ADDRESS	2570 NW 18TH COURT	4.3 STREET ADDRESS	4765 NW 6TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. J. Flowers T. J. FLOWERS 3-23-95 (305) 731-1073
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number