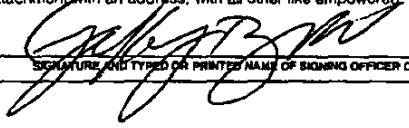


FILED
Mar 12, 2004 8:00 am
Secretary of State

02-20-2004 90012 034 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 760520			
1. Entity Name PI NU CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.			
Principal Place of Business P.O. BOX 570507 MIAMI, FL 33257-0507		Mailing Address P.O. BOX 570507 MIAMI, FL 33257-0507	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2110000		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, WILLIE L 10965 S.W. 175 STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAISON, TIMOTHY P.O. BOX 570507 MIAMI, FL 33257 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY T KING SECRETARY PO BOX 570507 MIAMI, FL 33257 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ANTHONY P.O. BOX 570507 MIAMI, FL 33257 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-T WILLIAMS VICE PRES PO BOX 570507 MIAMI, FL 33257 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, WILLIE, TREASURER P.O. BOX 570507 MIAMI, FL 33257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCE, ANTHONY, PRESIDENT P.O. BOX 570507 MIAMI, FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JEFFREY T KING 2/16/04 3057052532	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	