

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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



03062005 No Chg-NP CR2E037 (10/03)

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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

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000340638

04/28/05-80125-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, JEFFREY T P.O. BOX 570507 MIAMI, FL 33257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, V T P.O. BOX 570507 MIAMI, FL 33257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARPENTER, WILLIE P.O. BOX 570507 MIAMI, FL 33257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, ANTHONY P.O BOX 570507 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Spence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

Daytime Phone #