

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 762254
1. Entity Name
**THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA
TAUOMEGA FRATERNITY, INC**



Principal Place of Business
**207 SW 13 STREET
GAINESVILLE, FL 32601-6321**

Mailing Address
**P.O. BOX 1616
GAINESVILLE, FL 32602-1616 US**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0140545 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**SWANGER, ROGER N CPA
JAMES MOORE & CO.
620 NW 16TH AVE.
GAINESVILLE, FL 32601-4034**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, CHARLIE 11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCV BISHOP, THOMAS E JR 50 N. LAURA ST. JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFKIN, ERIC 106 SW 140TH TERR., STE 1 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONK, JOSEPH S 200 WHARFSIDE WAY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, ROY B 720 RUGBY ST. ORLANDO, FL 328044900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOSHORN, GILBERT S 10419 S.W. 75TH WAY GAINESVILLE, FL 32608

U00000534292
05/08/06-80006-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 **352 378-1331**
Date Daytime Phone #