


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 041 ****61.25

DOCUMENT # 762254			
1. Entity Name THE FLORIDA ALPHA OMEGA CHAPTER OF THE ALPHA TAU OMEGA FRATERNITY, INC			
Principal Place of Business 207 SW 13 STREET GAINESVILLE, FL 32601-6321		Mailing Address 5391 NW 1ST PLACE GAINESVILLE, FL 32607 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-0140545		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWANGER, ROGER N CPA JAMES MOORE & CO. 5391 NW 1ST PLACE GAINESVILLE, FL 32607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, CHARLIE	NAME	John E. Robinson, Jr.
STREET ADDRESS	11217 SAN JOSE BLVD.	STREET ADDRESS	901 N Lake Destiny Drive Suite 370
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP	Maitland FL 32751
TITLE	DVCV <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, THOMAS E JR	NAME	Jim Lang
STREET ADDRESS	TANNER BISHOP ONE INDEPENDENT DR STE 17	STREET ADDRESS	707 Truett Drive
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFKIN, ERIC	NAME	Brad Wilson
STREET ADDRESS	106 SW 140TH TERR., STE 1	STREET ADDRESS	P O Box 12204
CITY-ST-ZIP	NEWBERRY, FL 32669	CITY-ST-ZIP	Gainesville, FL 32604
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONK, JOSEPH S	NAME	David Smith
STREET ADDRESS	200 WHARFSIDE WAY	STREET ADDRESS	4985 Arapahoe Ave
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, ROY B	NAME	
STREET ADDRESS	720 RUGBY ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328044900	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		4/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		407-756-9419	
		Daytime Phone #	