

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008533**

1. Entity Name

XI OMICRON OMEGA CHAPTER OF ALPHA KAPPA ALPHA SO

Principal Place of Business

**1139 VARSITY DR
PANAMA CITY FL 32444**

Mailing Address

**1139 VARSITY DR
PANAMA CITY FL 32444**

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCOON, CECILE M
36 OAK AVE
PANAMA CITY FL 32401**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **ROULAC, JUDY**
STREET ADDRESS **1139 VARSITY DR**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Delete
NAME **S GUATIER, FLOSSIE**
STREET ADDRESS **1511 ILL AVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☒ Delete
NAME **MILLER, LOIS**
STREET ADDRESS **1509 MISS AVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **YVETTE GRIFFIN**
STREET ADDRESS **P.O. Box 926**
CITY-ST-ZIP **PANAMA CITY, FL 32401**TITLE ☐ Change ☒ Addition
NAME **MARSHA HALL**
STREET ADDRESS **1602 MISS AVE**
CITY-ST-ZIP **LYNN HAVEN, FL 32401**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 3:31

12062



DO NOT WRITE IN THIS SPACE

CP2E037 (5/01)