

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91707 048 \*\*\*\*61.25

DOCUMENT # N00000008533

1. Entity Name

XI OMICRON OMEGA CHAPTER OF ALPHA KAPPA ALPHA SOCIETY, INC.

Principal Place of Business

Mailing Address

1139 VARSITY DR  
PANAMA CITY FL 32444

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 02-05959-80

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOON, CECILE M  
36 OAK AVE  
PANAMA CITY FL 32401

Name SCOON, CECILE M.

Street Address (P.O. Box Number is Not Acceptable)

25 East Eighth St

City Panama City

FL

Zip Code  
32401

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

*Cecile M. Scoon*

CECILE M. SCOON

8 May 02

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D/S ROULAC, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	1139 VARSITY DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	S/D GUATIER, FLOSSIE	<input type="checkbox"/> Delete
STREET ADDRESS	1511 ILL AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	D/S MILLER, LOIS	<input type="checkbox"/> Delete
STREET ADDRESS	1509 MISS AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	D/P GRIFFIN, YVETTE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 926	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	D/VP HALL, MARSHA	<input type="checkbox"/> Delete
STREET ADDRESS	1601 MASS AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32401	
TITLE NAME	D/S ELVIRA JONES	<input type="checkbox"/> Delete
STREET ADDRESS	1009 Transmitter Rd	
CITY-ST-ZIP	Panama City, Fla 32401	

TITLE NAME	D/T MAMIE VANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5054 W. FORT RD.	
CITY-ST-ZIP	GREENWOOD, FL 32443	
TITLE NAME	D/T XURIPHA ANCRUM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	308 CARDIFF CT	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE NAME	D THELMA LAMBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	614 East 13th St.	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE NAME	D ALEATHA WALKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1503 DUNNET CT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE NAME	D ANGELIA REYNOLDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9226 CROOK HOLLOW RD	
CITY-ST-ZIP	PANAMA CITY, FLA. 32404	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Mark J. F. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2002 (800) 236-3070  
Date Daytime Phone #

CR2E037 (9/01)