

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000315

FILED
Feb 08, 2008
Secretary of State

Entity Name: BETA PHI OMEGA SORORITY INC.

Current Principal Place of Business:

2407 PICKERING DRIVE
APARTMENT D
PARKVILLE, MD 21234

New Principal Place of Business:

7407 BONITA VISTA WAY
APARTMENT 102
TAMPA, FL 33617

Current Mailing Address:

2407 PICKERING DRIVE
APARTMENT D
PARKVILLE, MD 21234

New Mailing Address:

7407 BONITA VISTA WAY
APARTMENT 102
TAMPA, FL 33617

FEI Number: 48-1302402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANIER, NICHOLE
2407 PICKERING DRIVE
APARTMENT D
PARKVILLE, FL 21234 US

Name and Address of New Registered Agent:

LANIER, NICHOLE
7407 BONITA VISTA WAY
APARTMENT 102
TAMPA, FL 33617 US

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: NICHOLE LANIER

02/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANIER, NICHOLE
Address: 2407 PICKERING DRIVE
City-St-Zip: PARKVILLE, MD 21234

Title: D () Delete
Name: SPENCER, ANDREA
Address: 2407 PICKERING DRIVE
City-St-Zip: PARKVILLE, MD 21234

Title: O () Delete
Name: ARTINA LINDSEY- OFFI, CER
Address: P.O. BOX 71363
City-St-Zip: CLIVE, IA 50325

Title: O () Delete
Name: SADE ADEKANLA-OFFICE, R
Address: P.O. BOX 71363
City-St-Zip: CLIVE, IA 50235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANIER, NICHOLE
Address: 7407 BONITA VISTA WAY APT. 102
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: SPENCER, ANDREA
Address: 7407 BONITA VISTA WAY APT. 102
City-St-Zip: TAMPA, FL 33617

Title: O (X) Change () Addition
Name: ARTINA LINDSEY- OFFI, CER
Address: 7407 BONITA VISTA WAY APT. 102
City-St-Zip: TAMPA, FL 33617

Title: O (X) Change () Addition
Name: SADE ADEKANLA-OFFICE, R
Address: 7407 BONITA VISTA WAY APT. 102
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLE LANIER

D

02/08/2008

Electronic Signature of Signing Officer or Director

Date