

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000315

FILED
Jan 24, 2010
Secretary of State

Entity Name: BETA PHI OMEGA SORORITY INC.

Current Principal Place of Business:

611 PARK AVE
1002
BALTIMORE, MD 21201

New Principal Place of Business:

4541 AUTUMN WOODS WAY
TALLAHASSEE, FL 32303

Current Mailing Address:

611 PARK AVE
1002
BALTIMORE, MD 21201

New Mailing Address:

4541 AUTUMN WOODS WAY
TALLAHASSEE, FL 32303

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
611 PARK AVE
1002
BALTIMORE, FL 21201 US

Name and Address of New Registered Agent:

LANIER, NICHOLE
4541 AUTUMN WOODS WAY
TALLAHASSEE, FL 32303 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

01/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: NICHOLE LANIER - NATIONAL PRESIDENT
Address: 4541 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: ANDREA SPENCER - NATIONAL VICE PRESIDENT
Address: 4541 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: O
Name: SADE ADEKANLA - NRMCMC
Address: 4541 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: O
Name: TAWANA-PATRICE MITCHELL THOMAS - NRMCMC
Address: 4541 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: O
Name: RUBY AUGUSTUS - NATIONAL SECRETARY
Address: 4541 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: O
Name: KAPRI BROWN - NATIONAL TREASURER
Address: 4541 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: NICHOLE LANIER

D

01/24/2010

Electronic Signature of Signing Officer or Director

Date