

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000634

1. Entity Name
OMICRON PSI OMEGA INC.



Principal Place of Business
3966 GAFFNEY LOOP
TALLAHASSEE, FL 32303 US

Mailing Address
3966 GAFFNEY LOOP
TALLAHASSEE, FL 32303 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005 Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERMAN, RASHETTA
3966 GAFFNEY LOOP
TALLAHASSEE, FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

4-21-05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME NELSON, LILLIAN F
STREET ADDRESS 2125 JACKSON BLUFF RD., #K-203
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE T ☐ Delete
NAME MONLYN, LORA A
STREET ADDRESS 2600 MICCOSUKEE, APT. 108
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE S ☒ Delete
NAME WHARWOOD, TARYN
STREET ADDRESS 2203 W. PENSACOLA ST., APT. I-8
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE PD ☐ Delete
NAME GERMAN, RASHETTA G
STREET ADDRESS 3966 GAFFNEY LOOP
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☐ Change ☒ Addition
NAME Tyeshia S. Gates
STREET ADDRESS 2203 W. PENSACOLA ST APT F-2
CITY-ST-ZIP Tallahassee, FLA 32304

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition
NAME Schanera Grice
STREET ADDRESS 2325 W PENSACOLA St Apt 143
CITY-ST-ZIP Tallahassee, FLA 32304

TITLE ☐ Change ☐ Addition
NAME 400054013164
STREET ADDRESS 05/06/05--01064--004 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-21-05

Date

(850) 264-5574

Daytime Phone #