

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01807 (9)

1. Corporation Name

**THE FLORIDA THETA PSI CHAPTER OF THE ALPHA TAU O
MEGA FRATERNITY, INC.**



Principal Place of Business

Mailing Address

**312 EAST OAKDALE AVENUE
DELAND FL 32720**

**421 NORTH WOODLAND BLVD.
CAMPUS BOX 8249
DELAND FL 32720**

3. Date Incorporated or Qualified

03/07/1984

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRAWN, LAWRENCE
4806 BIG OAKS LANE
ORLANDO FL 32806**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOSKETT, THOMAS ROBERT	
STREET ADDRESS	4803 HAWKS LANDING CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STRAWN, LAWRENCE M.	
STREET ADDRESS	4806 BIG OAKS LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRAHAM, EDWARD	
STREET ADDRESS	2199 S. CONWAY ROAD, APT. 1414	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BANGE, JIM	
STREET ADDRESS	326 TIMBERLINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERG, STEVEN E.	
STREET ADDRESS	2643 GRADUATE CT.	
CITY-ST-ZIP	ORLANDO, FL.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAIZENHOFER, ROBERT	
STREET ADDRESS	600 D WOODROW STREET	
CITY-ST-ZIP	COLUMBIA SC 29205	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)