


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90275 033 \*\*\*\*61.25

<b>DOCUMENT # N02000003095</b>		
1. Entity Name <b>ALPHA KAPPA ALPHA SORORITY, INC., IOTA PI OMEGA CHAPTER</b>		

Principal Place of Business <b>284 ALBRIGHT ST S E PALM BAY, FL 32909</b>	Mailing Address <b>P O BOX 865 COCOA, FL 32922</b>
--	---

2. Principal Place of Business <b>P.O. Box 560154</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 560154</b> Suite, Apt. #, etc.
---	---

City & State <b>Rockledge FL</b>	City & State <b>Rockledge FL</b>
-------------------------------------	-------------------------------------

Zip <b>32956-0154</b>	Country <b>USA</b>	Zip <b>32956-0154</b>	Country <b>USA</b>
--------------------------	-----------------------	--------------------------	-----------------------



03042005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent <b>SMITH, MARGUERITE 944 BOWING LANE ROCKLEDGE, FL 32955</b>	
---	--

4. FEI Number <b>30-0200108</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

7. Name and Address of New Registered Agent	
Name <b>Larnese Y. Howard</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>284 Albright St. SE</b>	
City <b>Palm Bay</b>	Zip Code <b>FL 32909-8534</b>

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 Larnese Y. Howard DATE 4 March 05  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS LEIBA, ENA 1465 WELLINGTON CR ROCKLEDGE, FL 32955</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CS Sandra Reese 884 Brunswick Lane Rockledge FL 32955</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ATCHISON, SELENA 284 ALBRIGHT ST. SE PALM BAY, FL 32909</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BALL, ROSILAND M 1512 PALM PLACE DR NE PALM BAY, FL 32905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WATSON, KIM 221 MCCLAIN DR W MELBOURNE, FL 32904</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Johnnie Mae Riley 5605 Cypress Creek Dr Grant FL 32949</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DAVIS, BARBARA 141 BAYAMO AVE N E PALM BAY, FL 32907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FS CAMPBELL, VERLIE 711 FIRST AVE SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Selena Atchison 3-4-05 321-768-8742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #