

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005825

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** ZETA CHI CHAPTER OF THE OMEGA PSI PHI FRATERNITY, INC.

**Current Principal Place of Business:**

1849 NW 111 AVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100018  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 30-0171673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JOHNNIE  
1849 NW 11TH AVE  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: SMITH, JOHNNIE  
Address: 1849 NW 111 AVE  
City-St-Zip: PLANTATION, FL 33322

Title: S ( ) Delete  
Name: WALKER, THOMAS  
Address: P O BOX 100018  
City-St-Zip: FT LAUDERDALE, FL 33310

Title: VP ( ) Delete  
Name: CRENSHAW, EFREM  
Address: P O BOX 100018  
City-St-Zip: FT LAUDERDALE, FL 33310

Title: P (X) Delete  
Name: MILLER, DORSEY  
Address: P O BOX 100018  
City-St-Zip: FT LAUDERDALE, FL 33310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SMITH, JOHNNIE  
Address: 1849 NW 111 AVE  
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Change ( ) Addition  
Name: DUKE, WILLIE  
Address: P O BOX 100018  
City-St-Zip: FT LAUDERDALE, FL 33310

Title: D (X) Change ( ) Addition  
Name: CRENSHAW, EFREM  
Address: P O BOX 100018  
City-St-Zip: FT LAUDERDALE, FL 33310

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHNNIE SMITH

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date