


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006277	
1. Entity Name KAPPA UPSILON CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.	

Principal Place of Business 102 CHURCHILL DRIVE WEST PALM BEACH, FL 33411	Mailing Address PO BOX 2854 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE



02192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 83-0339901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUDNELL, CHARLIE 1203 WESTCHESTER DRIVE EAST WEST PALM BEACH, FL 33417	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, EUGENE 112 SWAN PARKWAY WEST ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLENDER, LARRY 102 CHURCHILL DRIVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDNELL, CHARLIE 1203 WESTCHESTER DRIVE E. WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000240969
02/24/05-80023-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Eugene Harrison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-21-05</u> <small>Date</small>	<u>561 3095697</u> <small>Daytime Phone #</small>
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