## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004129

Entity Name: HONOR SOCIETY OF OMICRON TAU THETA INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

P. O. BOX 19-1496 MIAMI BCH, FL 33119

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 19-1496 MIAMI BCH, FL 33119

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HAMMONS, FRANK T 465 OCEAN DR., #319 MIAMI BCH, FL 33139 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete ADAMS, ELAINE DECKER, CAROL Name: Name: UNIVERSITY OF GEORGIA Address: LINCOLN MEMORIAL UNIVERSITY Address: City-St-Zip: ATHENS, GA 30602 City-St-Zip: NIOTA, TN 37826

Title: Title: (X) Change ( ) Addition ( ) Delete Name: WILSON, BETH Name: ADAMS, ELAINE

Address: NORTH CAROLINA STATE UNIVERSITY Address: UNIVERSITY OF GEORGIA

City-St-Zip: RALEIGH, NC 27695 City-St-Zip: ATHENS, GA 30602

Title: () Delete Title: (X) Change ( ) Addition BARTLETT, JAMES Name: ERIC, LICHTENBERGER Name: UNIVERSITY OF ILLINOIS VA TECH UNIVERSITY Address: Address:

City-St-Zip: CHAMPAIGN, IL 61820 City-St-Zip: BLACKSBURG, VA 24061

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: WAUGH, KEITH Name: WOMBLE, MYRA N

SOUTH ILLINOIS UNIVERSITY Address: Address: UNIVERSITY OF GEORGIA City-St-Zip: CARBONDALE, IL 62901 City-St-Zip: ATHENS, GA 30602

Title: Title: () Delete (X) Change ( ) Addition PRICE, WILLIAM T BLEDSOE, JOSH Name: Name:

VIRGINIA POLYTECHNIC INSTITUTE STATE UNIVE NORTH CAROLINA STATE UNIVERSITY Address: Address:

City-St-Zip: BLACKSBURG, VA 24061 City-St-Zip: RALEIGH, NC 27695

Title: () Delete Title: (X) Change ( ) Addition

CAMP, WILLIAM G SMITH, CLIFF Name: Name: Address: CORNELL UNIVERSITY Address: UNIVERSITY OF GEORGIA ITHACA, NY 14853 City-St-Zip: ATHENS, GA 30602 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELAINE ADAMS D 03/15/2005