

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000821

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** TAU CHI OMEGA FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

215 BERT FISH DRIVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4322  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 20-8072403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNEIL, JUANITA R  
977 DEERFOOT ROAD  
DELAND, FL 32720 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: PRES ( ) Delete  
Name: MAY, IRMA  
Address: 217 SOUTH FRANKFORT AVENUE  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: CHAVIS, MICHELLE  
Address: 1240 VINELAND RD, P-8  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SEC ( ) Delete  
Name: STAPLES, BILLYE  
Address: 803 SOUTH THOMPSON STREET  
City-St-Zip: DELAND, FL 32720

Title: TREA ( ) Delete  
Name: CHAVIS, JOHNNIE B  
Address: 510 JACKSON STREET  
City-St-Zip: LAKE HELEN, FL 32744

Title: FSEC ( ) Delete  
Name: STANFORD-PRICE, DEIDRE  
Address: 1418 VOLTAIRE STREET  
City-St-Zip: DELTONA, FL 32725

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

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

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

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

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

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: JUANITA MCNEIL

EXDI

04/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date