2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90233 042 ****61.25

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1. Entity Name
RHO OMICRON LAMBDA CHAPTER, ALPHA PHI ALPHA FRATERNITY, INC., CHAPTER NUMBER 669

Principal Place of Business	Mailing Address
26 WEST GEORGIA AVE EGLIN AFB, FL 32542	26 WEST GEORGIA AVE EGLIN AFB, FL 32542

04302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1822568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAW, MICHAEL R 26 WEST GEORGIA AVE EGLIN AFB, FL 32542	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMPSON, DOUGLAS K 103 SWAYING PINE COURT CRESTVIEW, FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHAW, MICHAEL R 26 WEST GEORGIA EGLIN AFB, FL 32542	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHAW, MICHAEL R 26 WEST GEORGIA AVE EGLIN AFB, FL 32542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ARTIS BILLY 107-B ASPEN DRIVE EGLIN AFB, FL 32542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEVENS, CECIL D 101 BERMUDA WAY NICEVILLE, FL 325784141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNCAN, ALDEAN 715 POWELL DRIVE FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KNIGHT, JOEL T 259 VENTURA CIRCLE NW FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, PRIESTLY F 2628 HOLLEY CLUE DRIVE NAVARRE, FL 325668788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aldean Duncan ALDEAN DUNCAN 30 APRIL 08 850-864-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #