2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000006973

Entity Name: RHO OMICRON LAMBDA CHAPTER INC., KEY NUMBER 669, OF ALPHA PHI ALPHA FRATERNITY INC.

Current Principal Place of Business:

26 WEST GEORGIA AVE
EGLIN AFB, FL 32542

New Principal Place of Business:

404 TRITON ST.
CRESTVIEW, FL 32536

Current Mailing Address:

26 WEST GEORGIA AVE
EGLIN AFB, FL 32542

New Mailing Address:

404 TRITON ST.
CRESTVIEW, FL 32536

FEI Number: 20-1822568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, MICHAEL R
26 WEST GEORGIA AVE
EGLIN AFB, FL 32542 US

Name and Address of New Registered Agent:

DENNIS, JOHNNIE JR
404 TRITON ST.
CRESTVIEW, FL 32536 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: JOHNNIE DENNIS, JR 04/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHAW, MICHAEL R
Address: 25 W GOEORGIA
City-St-Zip: EGLIN AFB, FL 32542

Title: V ( ) Delete
Name: ARTIS, BILLY
Address: 107-B ASPEN DR
City-St-Zip: EGLIN AFB, FL 32542

Title: S ( ) Delete
Name: STEVENS, CECIL D
Address: 101 BERMUDA WAY
City-St-Zip: NICEVILLE, FL 325784141

Title: T ( ) Delete
Name: DUNCAN, ALDEAN
Address: 715 POWELL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: C ( ) Delete
Name: KNIGHT, JOEL T
Address: 259 VENTURA CIRCLE NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: PARKER, PRIESTLY F
Address: 2628 HOLLEY CLUE DRIVE
City-St-Zip: NAVARRE, FL 325668788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DENNIS, JOHNNIE JR
Address: 404 TRITON ST.
City-St-Zip: CRESTVIEW, FL 32536

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: JOHNNIE DENNIS, JR P 04/28/2009
Electronic Signature of Signing Officer or Director Date