

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009386

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** CHI OMEGA SOCIAL ACTION AND SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

1315 NORTH BRONOUGH STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

411 N CALHOUN STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1315 NORTH BRONOUGH STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

411 N CALHOUN STREET  
TALLAHASSEE, FL 32301

**FEI Number:** 26-1826994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, CRAIG  
1315 NORTH BRONOUGH STREET  
TALLAHASSEE, FL 32303 US

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

BROWN, CRAIG J  
411 N CALHOUN STREET  
TALLAHASSEE, FL 32301 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: CRAIG J. BROWN

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: JENKINS, TERRELL  
Address: 6124 CODY TRAIL  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VC ( ) Delete  
Name: SEAY, JOHNNY  
Address: 1604 LAGUNA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete  
Name: BARNES, WILLIE  
Address: 4117 RED CEDAR COURT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete  
Name: BROWN, GEOFFREY  
Address: 705 E COOLEGE AVE  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

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: CRAIG J. BROWN

MR.

04/27/2009

Electronic Signature of Signing Officer or Director

Date