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Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08919 (5)
1. Corporation Name
CHI TAU CHAPTER OF OMEGA PSI PHI INCORPORATED



Principal Place of Business 3139 BLAKELY DR BOX 2742 ORLANDO FL 32835 US		Mailing Address P.O. BOX 2742 BOX 2742 ORLANDO FL 32802 US		3. Date Incorporated or Qualified 04/25/1985	
2. Principal Place of Business 21 7055 Couperin Street Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 680751 Suite, Apt. #, etc.		4. FEI Number 59-2521210 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 Orlando, Florida 24 FL 32818 25 U.S.		27 Orlando, FL 32868 28 32868 29 U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WILSON, MORGAN 1876 BEEWOOD COURT ORLANDO FL 32818				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CLARK, THEODORE 124 JUPITER CIRCLE ORLANDO FL	1.1 TITLE	Don Fields 1815 Ole Heritage Drive Orlando, FL 32839
NAME	T BROOKS, BYRON W 4727 SPANIEL ST ORLANDO FL	1.2 NAME	Richard Albert 1783 40th Street Orlando, FL 32839
STREET ADDRESS	S JOHNSON, TYRON 7055 COUPERIN ST ORLANDO FL	1.3 STREET ADDRESS	Tyron Johnson 7055 Couperin Street Orlando, FL 32818
CITY-ST-ZIP	P DEMINGS, JERRY 3139 BLAKELY ORLANDO FL	1.4 CITY-ST-ZIP	S Gary R. Patterson 7250 Minnippi Drive Orlando, FL 32818
	D WILSON, MORGAN 1876 BEEWOOD COURT ORLANDO FL	2.1 TITLE	Charles E. Cauthen 1539 Thornhill Circle Oviedo, FL 32765
	D JENNINGS, JAMES L 9223 ALLWOOD PLACE ORLANDO FL	2.2 NAME	Aubrey Perry 7 Edenton Court Ocoee, FL 34761
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: Gary R. Patterson 1/26/98 401-667-3739

CR25037 (10/97)