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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08919

1. Corporation Name
CHI TAU CHAPTER OF OMEGA PSI PHI INCORPORATED

Principal Place of Business	Mailing Address
7055 COUPERIN ST ORLANDO FL 32818 US	P O BOX 680751 ORLANDO FL 32868 US

2. Principal Place of Business 21 7057 Couperin Blvd. Suite, Apt. #, etc. 22 City & State 23 Orlando, Fl Zip / Country 24 32818 25 U.S.A.	2a. Mailing Address 26 P.O. Box 680751-0751 Suite, Apt. #, etc. 27 City & State 28 Orlando, Fl Zip / Country 29 32868-0751 30 U.S.A.	3. Date Incorporated or Qualified 04/25/1985 4. FEI Number 59-2521210 ☐ Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: Tyron S. Johnson
82 Street Address (P.O. Box Number Is Not Acceptable): 7057 Couperin Blvd.
83: Orlando,
84 City: Orlando FL 85 Zip Code: 32818

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: Tyron S. Johnson — 4/7/99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DON FIELDS		1.2 NAME		
STREET ADDRESS	1815 OLE HERITAGE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD ALBERT		2.2 NAME		
STREET ADDRESS	1783 40TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, TYRON		3.2 NAME		
STREET ADDRESS	7055 COUPERIN ST		3.3 STREET ADDRESS	7057 Couperin Blvd.	
CITY-ST-ZIP	ORLANDO FL 32818		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	GARY R PATTERSON		4.2 NAME	Lee E. Gibson	
STREET ADDRESS	7250 MINIPPI DR		4.3 STREET ADDRESS	6800 Sylvan Woods Drive	
CITY-ST-ZIP	ORLANDO FL 32818		4.4 CITY-ST-ZIP	~~Sanford, Fl 32771~~	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES E CAUTHEN		5.2 NAME		
STREET ADDRESS	1539 THORNHILL CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	AUBREY, PERRY		6.2 NAME	Willie H. Williams	
STREET ADDRESS	7 EDENTON CT		6.3 STREET ADDRESS	404 Lionel Avenue	
CITY-ST-ZIP	OCOEE FL 34761		6.4 CITY-ST-ZIP	Orlando, Fl 32805	

CR2E037 (1/98)

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 an address, with all other like empowered.

SIGNATURE: Tyron S. Johnson SIGNATURE REQUIRED — 3/1/99 (407)299-5000 X1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #