

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N30250

1. Entity Name
UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU
OMEGA HOUSING CORPORATION, INC.



Principal Place of Business
4419 GREEK CT.
ORLANDO, FL 32816 US

Mailing Address
P O BOX 3072
WINTER PARK, FL 32790 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2956326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAH, KENNETH F
800 W MORSE BLVD, #1
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STARKS, GEORGE W
STREET ADDRESS	4814 E. LAKE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	MURRAH, KENNETH
STREET ADDRESS	800 WEST MORSE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	O'DONOGHUE, W BRUCE
STREET ADDRESS	707 NICOLE AVENUE, #100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	PTD
NAME	EDGAR, VERNON
STREET ADDRESS	631 W. FAIRBANKS AVE., SUITE B
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000786690
01/17/08-80051-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 IRE empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vernon G. Edgar Jr.

1/7/08

Date

407-647-3266

Daytime Phone #