

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39098

FILED
Jan 16, 2005
Secretary of State

Entity Name: OMEGA PSI PHI EDUCATIONAL AND BENEVOLENT FUND, INC.

Current Principal Place of Business:

PO BOX 100018
FT. LAUDERDALE, FL 33310 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100018
FT. LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 65-0311641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOHNNIE
1849 NW 111TH AVE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JOHNNIE
Address: 1849 NW 111TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: VPD () Delete
Name: MCFADDEN, KEVIN
Address: 615 NW 46TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: S () Delete
Name: TEAGUE, JAMES
Address: 2021 SW 162ND AVE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: JENKINS, MICHAEL
Address: 3531 NW 43RD PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCFADDEN, KEVIN
Address: 615 NW 46TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: VPD (X) Change () Addition
Name: JENKINS, MICHAEL
Address: 3531 NW 43RD PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOHNSON, BRAIN
Address: P O BOX 100018
City-St-Zip: FT LAUDERDALE, FL 33310

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN MCFADDEN

PD

01/16/2005

Electronic Signature of Signing Officer or Director

Date