## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39098

FILED Feb 17, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 100018 1849 NW 111 AVE FT. LAUDERDALE, FL 33310 PLANTATION, FL 33322 US LIS **Current Mailing Address: New Mailing Address:** PO BOX 100018 FT. LAUDERDALE, FL 33310 US FEI Number: 65-0311641 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JOHNNIE 1849 NW 111TH AVE PLANTATION, FL 33322 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRENSHAW, EFREM Name: Name: Address: 261 SW 167 AVE Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JENKINS, MICHAEL Name: Address: 3531 NW 43RD PLACE Address: City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TEAGUE, JAMES MILLER, DORSEY Name: Name: P O BOX 100018 P O BOX 100018 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33310 City-St-Zip: FT. LAUDERDALE, FL 33310 ( ) Delete Title: Title: (X) Change ( ) Addition MARSHALL, LAWRENCE Name: Name: PERRY, SHAW 2940 NW 33RD LANE Address: 2940 NW 33RD LANE Address: City-St-Zip: LAUDERDALE LAKES, FL 33321 City-St-Zip: LAUDERDALE LAKES, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL JENKINS PD 02/17/2007