

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40865 (0)

1. Corporation Name

OMEGA PSI PHI FRATERNITY, ETA NU CHAPTER, INC.



Principal Place of Business

Mailing Address

P O BOX 547
POMPANO BEACH FL 33061

P O BOX 547
POMPANO BEACH FL 33061

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified

11/19/1990

3a. Date of Last Report

01/24/1995

4. FEI Number

23-7065922

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIMBERLY, CLIFFORD
4251 NW 74TH AVE.
LAUDERHILL FL 33319

81 Name

John Wimberly

82 Street Address (P.O. Box Number is Not Acceptable)

3221 N.W. 5th St

83

84 City

Ft. Lauderdale

FL

85 Zip Code 33311

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 617.0003, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D WIMBERLY, CLIFFORD DELETE
NAME
STREET ADDRESS 4251 NW 74TH AVE
CITY-ST-ZIP LAUDERHILL FL

1.1 TITLE D John Wimberly Change Addition
1.2 NAME
1.3 STREET ADDRESS 3221 N.W. 5th St
1.4 CITY-ST-ZIP Ft. Lauderdale FLA

TITLE D JONES, JAMES DELETE
NAME
STREET ADDRESS 1595 NW 7TH AVE
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE D Phillip Patton Change Addition
2.2 NAME
2.3 STREET ADDRESS 4043 N.W. 16th St
2.4 CITY-ST-ZIP Ft. Lauderdale FLA

TITLE D BROWN, BRUCE DELETE
NAME
STREET ADDRESS 4730 NW 5TH CT.
CITY-ST-ZIP COCONUT CREEK FL

3.1 TITLE D MELVIN DAVIS Change Addition
3.2 NAME
3.3 STREET ADDRESS 2430 NW 9th St
3.4 CITY-ST-ZIP Ft. Lauderdale FLA

TITLE John Wimberly DELETE
NAME
STREET ADDRESS 3221 N.W. 5th St
CITY-ST-ZIP Ft. Lauderdale FLA 33311

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MELVIN DAVIS DELETE
NAME
STREET ADDRESS 2430 NW 9th St
CITY-ST-ZIP Ft. Lauderdale FLA 33311

5.1 TITLE
5.2 NAME 500001760415
5.3 STREET ADDRESS -03/28/96--01018--002
5.4 CITY-ST-ZIP ***61.25

TITLE Phillip Patton DELETE
NAME
STREET ADDRESS 4043 N.W. 16th St
CITY-ST-ZIP Ft. Lauderdale FLA 33311

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

954-467-4600

Date

Daytime Phone #

CR2E037 (12/95)