2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005
Secretary of State

DOCUMENT# N40865

Entity Name: OMEGA PSI PHI FRATERNITY, ETA NU CHAPTER, INC.

Current Principal Place of Business:

P O BOX 547
POMPANO BEACH, FL 33061

New Principal Place of Business:

Current Mailing Address:

P O BOX 547
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 23-7065922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WIMBERLY, JOHN
3221 N.W. 5TH STREET
FT LAUDERDALE, FL 33311 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:	D	( ) Delete
Name:	ROBINSON, SYLVESTER	
Address:	2581 FRANKLIN PARK DRIVE	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	TVB	( ) Delete
Name:	WILLIAMS, JOHN	
Address:	6231 NW 116TH PLACE	
City-St-Zip:	SUNRISE, FL 33313	
Title:	TKOF	( ) Delete
Name:	HARRELL, HARRY	
Address:	7498 NW 48TH ST	
City-St-Zip:	LAUDERHILL, FL	
Title:	TKOF	( ) Delete
Name:	BRIHM, ANTONIO	
Address:	2950 NW 6TH CT.	
City-St-Zip:	FORT LAUDERDALE, FL 33311	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SYLVESTER ROBINSON MR. 08/12/2005

Electronic Signature of Signing Officer or Director — Date