

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40865

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

921 N.W. 6TH STREET  
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 ( )**

**Name and Address of Current Registered Agent:**

WIMBERLY, CLIFFORD  
4251 N.W. 74TH AVE.  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

WILLIAM, LYONS  
10957 N.W. 18DR  
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: WILLIAM LYONS

04/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: BAS  
Name: JOHNSON, DARYL  
Address: 923 N.W. 6TH STREET  
City-St-Zip: POMPANO BEACH, FL 33061

Title: KRS  
Name: HOLCOMBE, BILLY  
Address: 923 N.W. 6TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: KF  
Name: LYONS, WILLIAM  
Address: 10958 N.W. 18TH DR  
City-St-Zip: PLANTATION, FL 33322

Title: VB  
Name: BRIHM, ANTONIO  
Address: 2950 NW 6TH CT.  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM LYONS

KF

04/08/2010

Electronic Signature of Signing Officer or Director

Date