

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46373

FILED
Mar 08, 2005
Secretary of State

Entity Name: PI IOTA CHAPTER, OMEGA PSI PHI FRATERNITY, INC.

Current Principal Place of Business:

3560 N 29TH ST
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1093
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2679472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, FRANK S.
3560 N 29TH ST
TAMPA, FL 33605 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: BLANC, ERIC SR.
Address: 8007 DUMONT COURT
City-St-Zip: TEMPLE TERRACE, FL 33636 US

Title: VD () Delete
Name: CURRY, ERIK D
Address: 19101 AMELIA CIRCLE
City-St-Zip: LUTZ, FL 33558 US

Title: SD () Delete
Name: GAMBRELL, DARREN
Address: 1816 WINN ARTHUR DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: TD () Delete
Name: JOHNSON, KENNETH
Address: 10231 WOODFORD BRIDGE STREET
City-St-Zip: TAMPA, FL 33626 US

Title: D () Delete
Name: WILLIAMS, MORRIS
Address: 410 BRENDA DR.
City-St-Zip: BRANDON, FL 33511

Title: ASD () Delete
Name: ATKINSON, CALVIN S JR.
Address: 12023 WANDSWORTH DRIVE
City-St-Zip: TAMPA, FL 33626 US

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
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Title: () Change () Addition
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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: ERIK D. CURRY

VD

03/08/2005

Electronic Signature of Signing Officer or Director

Date