

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46373

FILED
Mar 30, 2008
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: WILSON, MICHAEL
Address: 11320 CALLOWAY POND
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VD () Delete
Name: DANIELS, KEITH SR.
Address: 6528 CARRINGTON SKY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: SD () Delete
Name: SIMON, DENNIS
Address: 2829 LAUREL LEAF DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: TD () Delete
Name: ALLEN, MOSES
Address: 8620 SANDY PLAINS DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

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

Title: ASD () Delete
Name: WOOD, EARNEST
Address: 7608 SUMTER COURT
City-St-Zip: TAMPA, FL 33637 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHERRY, RON
Address: 1530 CREEKBEND DRIVE
City-St-Zip: BRANDON, FL 33510 US

Title: VD (X) Change () Addition
Name: ALLEN, MOSES
Address: 8620 SANDY PLAINS
City-St-Zip: RIVERVIEW, FL 33578 US

Title: SD (X) Change () Addition
Name: KHAN, AMEER
Address: 8552 CANTERBURY LAKE BLVD
City-St-Zip: TAMPA, FL 33619 US

Title: TD (X) Change () Addition
Name: CAMPBELL, LESTER
Address: 2015 AVALON COVE COURT
City-St-Zip: BRANDON, FL 33511 US

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 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: MOSES ALLEN

VD

03/30/2008

Electronic Signature of Signing Officer or Director

Date