2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46373

FILED Mar 22, 2012 Secretary of State

Entity Name: PLIOTA CHAPTER, OMEGA PSI PHI FRATERNITY, INC.

Current Principal Place of Business: New Principal Place of Business:

3303 NORTH 34TH STREET TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

P.O. BOX 1093 TAMPA, FL 33601

FEI Number: 59-2679472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAMUEL JONES 3303 NORTH 34TH STREET TAMPA, FL 33605 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: GREEN, JAMES

Address: 2202 NORTH HARO9LD AVE City-St-Zip: TAMPA, FL 33607 US

Title: VD

Name: MARLO, BLAIR

Address: 3704 RIVER NGROVE DRIVE City-St-Zip: TAMPA, FL 33610 US

Title: SD

 Name:
 SAMUEL, JONES

 Address:
 3303 N 34TH STREET

 City-St-Zip:
 TAMPA, FL 33605 US

Title: TD

Name: FRED, TOMLIN

Address: 5205 MANGO FRUIT STREET City-St-Zip: SEFFNER, FL 33584 US

Title:

Name: WILLIAMS, MORRIS
Address: 410 BRENDA DR.
City-St-Zip: BRANDON, FL 33511

Title: ASD

Name: MARQUETTE, MARSHALL
Address: 1051 MARKSTON DRIVE UNIT 102
City-St-Zip: WESLEY CHAPEL, FL 33543 US

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: SAMUEL JONES MR 03/22/2012