

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:58

DOCUMENT # N93000003640 (0)

1. Corporation Name

ALPHA TAU OMEGA FRATERNITY, ALPHA OMEGA CHAPTER, INC.

Principal Place of Business

**2937 BUTLER BAY DRIVE NORTH
WINDERMERE FL 34786**

Mailing Address

**2937 BUTLER BAY DRIVE NORTH
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-0140545

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASKEY, TIM W
2610 NW 43RD STREET, STE. 1D
GAINESVILLE FL 32606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GREEB, HAYES
STREET ADDRESS	207 SW 13TH STREET
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	SCHMIDT, MIKE
STREET ADDRESS	207 SW 13TH STREET
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	MCDONALD, SCOTT
STREET ADDRESS	207 SW 13TH STREET
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	RYAN LESSARD - D	☒ Change ☐ Addition
1.2 NAME	207 SW 13th St.	
1.3 STREET ADDRESS	GAINESVILLE, FL	
1.4 CITY - ST - ZIP		
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Tim Ritch	
2.3 STREET ADDRESS	207 SW 13th St	
2.4 CITY - ST - ZIP	GAINESVILLE, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tim Ritch

3/30/95

376-1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

000001