


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 050 ****61.25

DOCUMENT # N93000003640	
1. Entity Name ALPHA TAU OMEGA FRATERNITY, ALPHA OMEGA CHAPTER, INC.	

Principal Place of Business 207 SW 13 ST GAINESVILLE, FL 32601	Mailing Address PO BOX 357038 GAINESVILLE, FL 32635-7038
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54038651

2. Principal Place of Business 207 SW 13 Street	3. Mailing Address P. O. Box 1616
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)


City & State Gainesville, FL	City & State Gainesville, FL
Zip 32601-6321	Country USA
Zip 32607-1616	Country USA

4. FEI Number 59-0140545	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KASKEY, TIM W 2610 NW 43RD STREET, STE. 1D GAINESVILLE, FL 32606	
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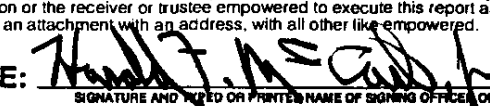
7. Name and Address of New Registered Agent Name Roger N. Swanger, CPA Street Address (P.O. Box Number is Not Acceptable) James Moore & Co. P.L. 620 NW 16th Avenue City Gainesville FL Zip Code 32601-4034	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 4/21/04 (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, MATT <input checked="" type="checkbox"/> Delete 207 S W 13TH ST GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNETT, BEN <input checked="" type="checkbox"/> Delete 207 SW 13TH ST GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATURO, FRANK <input checked="" type="checkbox"/> Delete 207 SW 13TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James D. Henry, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 302 NW 6th Street Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P Frank J. Maturo, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3010 N.W. 9th Place Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Harold F. McCart, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1000 Riverside Ave., Ste. 111 Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Harold F. McCart, Jr. Secretary Date 4/20/2004 (904) 354-6543 Daytime Phone #

Attachment - N93 000003648
54038651

CHANGE OF MAILING ADDRESS

**Please send all future invoices and statements to
Our accountants office:**

**Alpha Tau Omega Fraternity
c/o James Moore & Co., P.L.
P O Box 1616
Gainesville, FL 32602**
