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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90195 020 \*\*\*\*70.00

0008758

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000004392**

1. Corporation Name

**CHI OMEGA CHAPTER OF OMEGA PSI PHI FRATERNITY, I NC.**

Principal Place of Business

P O BOX 6087  
 TALLAHASSEE FL 32314-6087

Mailing Address

P O BOX 6087  
 TALLAHASSEE FL 32314-6087



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0093833

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

9. Name and Address of Current Registered Agent

**MCROY, JAMES E SR**  
**1160 CORBY COURT EAST**  
**TALLAHASSEE FL 32311-8160**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James E. McRoy*

*James E. McRoy*

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
 NAME JENKINS, C TERRELL  
 STREET ADDRESS 1614 TWIN LAKES CIR  
 CITY-ST-ZIP TALLAHASSEE FL 32311

DELETE

TITLE VD  
 NAME DUFFEE, ED JR  
 STREET ADDRESS 2324 BRAEBURN CIR  
 CITY-ST-ZIP TALLAHASSEE FL 32308

DELETE

TITLE SD  
 NAME MUSGRAY, JOE  
 STREET ADDRESS 1412 COLEMAN ST  
 CITY-ST-ZIP TALLAHASSEE FL 32304

DELETE

TITLE TD  
 NAME JONES, A LANIER  
 STREET ADDRESS 2928 EDENDERRY DR  
 CITY-ST-ZIP TALLAHASSEE FL 32308

DELETE

TITLE D  
 NAME MCROY, JAMES E SR  
 STREET ADDRESS 1160 CORBY CT E  
 CITY-ST-ZIP TALLAHASSEE FL 32311

DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE VD  Change  Addition  
 NAME Cedric E. Crawford  
 2.2 NAME  
 2.3 STREET ADDRESS 1701 Raledo Dr.  
 2.4 CITY-ST-ZIP Tallahassee, FL 32311

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 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 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, with all other like empowered.

SIGNATURE: *Handwritten Signature*

4/28/99

850/893-3587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)