

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004392

FILED  
Aug 31, 2010  
Secretary of State

**Entity Name:** CHI OMEGA CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.

**Current Principal Place of Business:**

742 RIGGINS ROAD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6252  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

**FEI Number:** 65-0093833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOSTON, DARRON  
742 RIGGINS ROAD  
TALLAHASSEE, FL 32308 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  
Name: TOSTRON, DARRON  
Address: 742 RIGGINS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD  
Name: WADDELL, DOUGLAS  
Address: 4324 AUGUSTUS OAK CT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: CHILDS, ERIC  
Address: 123 E SEVENTH AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD  
Name: BROWN, GEOFFREY  
Address: 305 ROZENA LOOP  
City-St-Zip: HAVANA, FL 32333

Title: SD  
Name: WHITE, ZOLLIE  
Address: 4115 E BUGLEVIEW DR  
City-St-Zip: TALLAHASSEE, FL 32312

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: GEOFFREY BROWN

TD

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date