

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004392

**FILED**  
**Apr 25, 2012**  
**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:**

411 N. CALHOUN STREET  
TALLAHASSEE, FL 32301 US

**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:**

BROWN, CRAIG J  
411 N. CALHOUN STREET  
TALLAHASSEE, FL 32301 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: CRAIG J. BROWN

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: BAS  
Name: CRUMP, BENJAMIN  
Address: 411 N. CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VBAS  
Name: DENNIS, RUPERT  
Address: 411 N. CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: KRS  
Name: JACKSON, STEPHEN  
Address: 411 N. CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: KF  
Name: BROWN, CRAIG  
Address: 411 N. CALHOUN  
City-St-Zip: TALLAHASSEE, FL 32301

Title: CHAP  
Name: BURKE, DEMETRIUS  
Address: 411 N. CALHOUN STREET1  
City-St-Zip: TALLAHASSEE, FL 32301

Title: IPB  
Name: TOSTON, DARRON  
Address: 411 N. CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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: CRAIG J. BROWN

KF

04/25/2012

Electronic Signature of Signing Officer or Director

Date