

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007537

FILED
Oct 13, 2009
Secretary of State

Entity Name: TAU KAPPA EPSILON, OMICRON NU CHAPTER, INC.

Current Principal Place of Business:

998 BIG HORN CIRCLE NW
PALM BAY, FL 32907

New Principal Place of Business:

4316 MOUNT CARMEL LANE
MELBOURNE, FL 32901

Current Mailing Address:

998 BIG HORN CIRCLE NW
PALM BAY, FL 32907

New Mailing Address:

4316 MOUNT CARMEL LANE
MELBOURNE, FL 32901

FEI Number: 59-3653924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HELMS, KEVIN A
998 BIG HORN CIRCLE NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

SPERRY, JASON
4316 MOUNT CARMEL LANE
MELBOURNE, FL 32901 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: JASON SPERRY

10/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: HELMS, KEVIN A
Address: 998 BIG HORN CIRCLE NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: ROBERTS, PATRICK
Address: 224 DELAND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: KENNETH, REVAY
Address: 312 PALM COURT
City-St-Zip: INDIALANTIC, FL 32903

Title: DV () Delete
Name: DE MARZI, MAX
Address: 4785 LAKE WATERFORD WAY APT #4
City-St-Zip: MELBOURNE, FL 32901

Title: DT () Delete
Name: KUEHL, JASON
Address: 184 BLUEFISH PLACE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: HELMS, KEVIN A
Address: 308 MAGNOLIA MEADOW WAY
City-St-Zip: HOLLY SPRINGS, NC 27540

Title: D (X) Change () Addition
Name: SPERRY, JASON
Address: 4316 MOUNT CARMEL LANE
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN A. HELMS

PDC

10/13/2009

Electronic Signature of Signing Officer or Director

Date