

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90331 032 ***150.00

DOCUMENT # P01000053722

1. Entity Name
OMEGA PSI PHI THETA PHI CHAPTER, INC.



Principal Place of Business

PO BOX 2242
JACKSONVILLE, FL 32203

Mailing Address

PO BOX 2242
JACKSONVILLE, FL 32203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHADSON, LEON JR
431 W. 17TH ST.
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, LEON JR	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNGE, ROBERT 11	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARLTON, MCGEE	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICE, WADE	
STREET ADDRESS	P O BOX 12224	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Young	
STREET ADDRESS	PO Box 2242 Jacksonville, FL 32203	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Reddick	
STREET ADDRESS	PO Box 2242 Jacksonville, FL 32203	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Kevin Woodall	
STREET ADDRESS	PO Box 2242 Jacksonville, FL 32203	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Spencer	
STREET ADDRESS	PO Box 2242 Jacksonville, FL 32203	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

William Spencer