

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

FILED  
05 AUG 24 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNGE, ROBERT PO BOX 2242 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REDDICK, KENNETH PO BOX 2242 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOODALL, M. KEVIN PO BOX 2242 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPENCER, WILLIAM PO BOX 2242 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/25/05--01040--016 \*\*220.00

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-2005

Date

904-705-3530

Daytime Phone #