



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000053722 1. Entity Name OMEGA PSI PHI THETA PHI CHAPTER, INC.				FILED 06 APR 25 AM 8:35 JAMES H. STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ONE INDEOENDENT DR. SUITE 100 P.O. BOX 73 JACKSONVILLE, FL 32202		Mailing Address ONE INDEOENDENT DR. SUITE 100 P.O. BOX 73 JACKSONVILLE, FL 32202			
2. Principal Place of Business ONE INDEPENDENT DR., STE 100 Suite, Apt. #, etc. PO Box 73 City & State JACKSONVILLE, FL Zip 32202		3. Mailing Address ONE INDEPENDENT DR., STE 100 Suite, Apt. #, etc. PO Box 73 City & State JACKSONVILLE, FL Zip 32202		04192006 Chg-P CR2E034 (11/05) 4. FEI Number NOT APPLICABLE <input checked="" type="checkbox"/> Applied For Not Applicable	
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 MITCHELL K. WOODALL, Sr. Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 100 PO Box 73 City JACKSONVILLE FL Zip Code 32202		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u><i>Mitchell K. Woodall</i></u> 4-20-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME YOUNGE, ROBERT STREET ADDRESS PO BOX 2242 CITY-ST-ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE Pres. WANE RICE NAME ONE INDEPENDENT DR., STE 100 STREET ADDRESS PO Box 73 CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME REDDICK, KENNETH STREET ADDRESS PO BOX 2242 CITY-ST-ZIP JACKSONVILLE, FL 32203	<input checked="" type="checkbox"/> Delete		TITLE V NAME JOSEPH THOMAS, Sr. STREET ADDRESS SAME AS ABOVE CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME WOODALL, M. KEVIN STREET ADDRESS PO BOX 2242 CITY-ST-ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete		TITLE S NAME MITCHELL K. WOODALL, Sr. STREET ADDRESS SAME AS ABOVE CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SPENCER, WILLIAM STREET ADDRESS PO BOX 2242 CITY-ST-ZIP JACKSONVILLE, FL 32203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: <u><i>Mitchell K. Woodall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-20-2006 (904) 229-0600 <small>Date Daytime Phone #</small>		