

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000270

**Entity Name:** EPSILON OMICRON SIGMA CHAPTER OF PHI BETA SIGMA  
FRATERNITY INCORPORATED**FILED**  
**May 02, 2018**  
**Secretary of State**  
**CC2122298616****Current Principal Place of Business:**4791 NW 69TH STREET  
OCALA, FL 34482**Current Mailing Address:**PO BOX 12291  
GAINESVILLE, FL 32604**FEI Number: 81-4953668****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WATERS, DAVID L  
4791 NW 69TH STREET  
OCALA, FL 34482 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	LLOYD, DARRY
Address	3023 NE 11TH TERR GAINESVILLE
City-State-Zip:	GAINESVILLE FL 32609

Title	1VP
Name	PRYOR, LARRY D
Address	3504 NW 27TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	SECT
Name	JOHNSON, RODNEY N
Address	4555 SE 6TH AVE
City-State-Zip:	GAINESVILLE FL 32641

Title	TRES
Name	WATERS, DAVID L
Address	4791 NW 69TH STREET
City-State-Zip:	OCALA FL 34482

Title	2VP
Name	JOHNSON, ALVIN L JR.
Address	18990 NE 77TH PLACE
City-State-Zip:	WILLISTON FL 32696

*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: DAVID L. WATERS****TREASURE****05/02/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date