

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40865

Entity Name: OMEGA PSI PHI FRATERNITY, ETA NU CHAPTER, INC.

Current Principal Place of Business:

923 N.W. 6TH STREET
POMPANO BEACH, FL 33061

Current Mailing Address:

P O BOX 547
POMPANO BEACH, FL 33061

FEI Number: 23-7065922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. LOUIS, JAMES H
13978 S.W. 43 STREET
DAVIE, FL 33330 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: JAMES ST. LOUIS

02/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BARNES, MOSES
Address 923 N.W. 6TH STREET
City-State-Zip: POMPANO BEACH FL 33061

Title KRS
Name WILLIAMS, ALAN
Address 1511 SW 171 TERRANCE
City-State-Zip: PEMBROKE PINES FL 33027

Title KF, TREASURER
Name LYONS, WILLIAM
Address 923 N.W. 6 STREET
City-State-Zip: POMPANO BEACH FL 33060

Title VB
Name ST. LOUIS, JAMES .
Address 923 N.W. 6TH STREET
City-State-Zip: POMPANO BEACH FL 33060

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: JAMES ST. LOUIS

02/18/2015

Electronic Signature of Signing Officer/Director Detail

Date