### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004392

Entity Name: CHI OMEGA CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.

FILED
Jun 30, 2017
Secretary of State
CC2515470264

## **Current Principal Place of Business:**

2898 MAHAN DRIVE SUITE 6

TALLAHASSE, FL 32308

## **Current Mailing Address:**

P.O. BOX 6252

TALLAHASSEE, FL 32314 US

FEI Number: 65-0093833 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BROWN, CRAIG J 2898 MAHAN DRIVE SUITE 6 TALLAHASSE, FL 32308 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 BAS Title VBAS

NameBROWN, CRAIG J ESQ.NameKING, ROYLEAddressP.O. BOX 6252AddressP.O. BOX 6252

City-State-Zip: TALLAHASSEE FL 32314 City-State-Zip: TALLAHASSEE FL 32314

Title KRS Title KF

Name RUSH, CURTIS Name WOODLEY, ANTHONY

Address P.O. BOX 6252 Address P.O. BOX 6252

City-State-Zip: TALLAHASSEE FL 32314 City-State-Zip: TALLAHASSEE FL 32314

Title CHAP Title IPB

Name HILL, GREG Name BOULWARE, BRIAN

Address P.O. BOX 6252 Address P.O. BOX 6252

City-State-Zip: TALLAHASSEE FL 32314 City-State-Zip: TALLAHASSEE FL 32314

Title CHAPTER REPORTER Title KP

NameHARRIS, LARRYNameBROWN, DWAYNEAddressP.O. BOX 6252AddressP.O. BOX 6252

City-State-Zip: TALLAHASSEE FL 32314 City-State-Zip: TALLAHASSEE FL 32314

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: CURTIS RUSH KRS 06/30/2017