

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004392

FILED
Mar 31, 2014
Secretary of State
CC9790626643

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

Current Principal Place of Business:

411 N. CALHOUN STREET
TALLAHASSE, FL 32301

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
411 N. CALHOUN STREET
TALLAHASSE, FL 32301 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
Name BOULWARE, BRIAN A
Address 411 N. CALHOUN STREET
City-State-Zip: TALLAHASSE FL 32301

Title VBAS
Name O'NEAL, CHRISTOPHER ESQ.
Address 411 N. CALHOUN STREET
City-State-Zip: TALLAHASSEE FL 32301

Title KRS
Name SIMMONS, FREDERICK M
Address 411 N. CALHOUN STREET
City-State-Zip: TALLAHASSEE FL 32301

Title KF
Name WALTON, ERIC
Address 411 N. CALHOUN
City-State-Zip: TALLAHASSEE FL 32301

Title CHAP
Name THOMAS, ANTHONY
Address 411 N. CALHOUN STREET1
City-State-Zip: TALLAHASSEE FL 32301

Title IPB
Name WADDELL, DOUGLAS K SR.
Address 411 N. CALHOUN STREET
City-State-Zip: TALLAHASSEE FL 32301

Title CHAPTER REPORTER
Name KING, ROYLE
Address 411 N. CALHOUN STREET
City-State-Zip: TALLAHASSEE FL

Title KP
Name FREEMAN, BRYAN
Address 411 N. CALHOUN STREET
City-State-Zip: TALLAHASSEE FL

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: CHRISTOPHER M. O'NEAL

VB

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date