2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004392

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

FILED
Jan 21, 2018
Secretary of State
CC6759388488

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:

KING, ROYLE 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: ROYLE KING 01/21/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title BAS Title VBAS

Name KING, ROYLE 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 KRS Title KF

Name RUSH, CURTIS Name BROWN, GEOFFREY

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 BROWN, CRAIG ESQ.

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 II KRS 01/21/2018