2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2020
Secretary of State
2538304594CC

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

Current Principal Place of Business:

2344 HANSEN LN
UNIT #2
TALLAHASSE, FL 32301

Current Mailing Address:

P.O. BOX 6252
TALLAHASSEE, FL 32314 US

FEI Number: 65-0093833

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, DWAYNE
2344 HANSEN LN
UNIT #2
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: DWAYNE BROWN 03/02/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	BAS
Name	WOODLEY, ANTHONY
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	KRS
Name	BROWN, DWAYNE
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	CHAP
Name	BULLOCK, GINO
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	CHAPTER REPORTER
Name	HARRIS, LARRY
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	V-BAS
Name	SPENCE, CARVER T.
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	KF
Name	BROWN, GEOFFREY
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	IPB
Name	KING, ROYLE ESQ.
Address	P.O. BOX 6252
City-State-Zip:	TALLAHASSEE FL 32314

Title	KP
Name	MATTHEWS, JAVAUGHN
Address	P.O. BOX 6252
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: DWAYNE BROWN KRS 03/02/2020

Electronic Signature of Signing Officer/Director Detail — Date