2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# 708095

Entity Name: PI BETA PHI HOUSE CORP. INC. - FLA. BETA CHAPTER #294

Current Principal Place of Business:

519 WEST JEFFERSON
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

545 FRANK SHAW RD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-6214591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JEANIE L
545 FRANK SHAW RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

WOOD, JEANIE L D
545 FRANK SHAW RD
TALLAHASSEE, FL 32312 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: JEANIE L. WOOD, D 03/09/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CL ( ) Delete
Name: LIAIVON, COLLEGIATE
Address: 3900 WOOD GREEN WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: HDL ( ) Delete
Name: GUNNELS, MISSY
Address: 6348 MALLARD TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete
Name: TROTMAN, BETH
Address: 1738 ARMISTEAD PL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: WOOD, JEANIE
Address: 545 FRANKSHAW RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: DORSEY, JODEE
Address: 6096 MILLER LANDING COVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WOOD, JEANIE
Address: 545 FRANKSHAW RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEANIE L. WOOD D 03/09/2004
Electronic Signature of Signing Officer or Director Date