

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 FEB 13 PM 3:37

DOCUMENT # 713214 (5)

1. Corporation Name

THE PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE
, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

145 RICHLAND AVE.
MERRITT ISL FL 32953
US

145 RICHLAND AVE.
MERRITT ISL FL 32953
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1967

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1232120

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1001 S. RIVERVIEW DR.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

23 PALM BAY, FL

City & State

28

Zip

24 32905

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, STEVEN G
145 RICHLAND AVE.
MERRITT ISL FL 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and understand, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STD	HOFFMAN, STEVEN G.	145 RICHLAND AVE.	MERRITT ISLAND FL
PD	OMARK, ROBERT G.	6445 ADDAX AVE	COCOA FL
VD	TORTORELLA, FRANK	40 N. KENNETH CT.	MERRITT ISL FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
			32953
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	OMARK		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
			32953
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document, or as an attachment with an address.

SIGNATURE:

STEVEN G. HOFFMAN

2/4/95

(407) 867-9309

(Signature and Title of Signing Officer or Director)

Date

Telephone Number