

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Morfman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **727894** (8)

1. Corporation Name

**ALPHA ETA CHAPTER OF PHI KAPPA TAU FRATERNITY, INCORPORATED**

55 MAY -1 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1237 S.W. 2ND AVE. GAINESVILLE FL 32601		Mailing Address 1237 S.W. 2ND AVE. GAINESVILLE FL 32601		3. Date Incorporated or Qualified 10/29/1973	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 21		2a. Mailing Address 26		4. Fil Number 59-0633871	Applied For Not Applicable
Suite, Apt #, etc 22		Suite, Apt #, etc 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
				8. This corporation has liability for intangible tax under S 199 032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COSGROVE, JOHN F. 8230 SW 192 STREET MIAMI FL 33157</b>				10. Name and Address of New Registered Agent	
				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, or 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 accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
agent or typist or printed name of registered agent and the filer (operator) (Date) Registered Agent (agent or typist) or filer (operator)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANNI, KEN	12 NAME	
STREET ADDRESS	1237 S W 2ND AVE	13 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 00000	14 CITY, ST, ZIP	
TITLE	TM	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, DEREK	22 NAME	TM
STREET ADDRESS	1237 SW 2ND AVE	23 STREET ADDRESS	WACHS, MATT
CITY, ST, ZIP	GAINESVILLE FL	24 CITY, ST, ZIP	1237 SW 2ND AVE
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRINGTON, JERRY	32 NAME	
STREET ADDRESS	2122 LAROCHELLE DR.	33 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	34 CITY, ST, ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLI, JOHN	42 NAME	
STREET ADDRESS	7720 ISABELLA DR., #K	43 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 00000	44 CITY, ST, ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, ROBERT	52 NAME	
STREET ADDRESS	3400 PINE WALK DR., N. #935	53 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	54 CITY, ST, ZIP	
TITLE	VM	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MIKE	62 NAME	VM
STREET ADDRESS	1237 SW 2ND AVENUE	63 STREET ADDRESS	RHODEW, JAMES
CITY, ST, ZIP	GAINESVILLE, FL 00000	64 CITY, ST, ZIP	1237 SW 2ND AVE

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 119 07(1)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matt Wach* *Matt Wach* 4/27/95 376-7018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)