


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90670 036 ****61.25

DOCUMENT # 727894

1. Entity Name
 ALPHA ETA CHAPTER OF PHI KAPPA TAU FRATERNITY, INCORPORATED



Principal Place of Business
 1237 S.W. 2ND AVE.
 GAINESVILLE, FL 32601

Mailing Address
 PO BOX 13117
 GAINESVILLE, FL 32604

94078715



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-0633871

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSGROVE, JOHN
 8230 SW 192 STREET
 MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	NANNI, KEN	
STREET ADDRESS	1237 S W 2ND AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSGROVE, JOHN	
STREET ADDRESS	201 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CURRINGTON, JERRY	
STREET ADDRESS	2122 LAROCHELLE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CHAVES, RICK	
STREET ADDRESS	2626 W UNIV AVE	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Schobuola	
STREET ADDRESS	445 Turkey Creek	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/28/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #