2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# 727894

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

Current Principal Place of Business:

1237 S.W. 2ND AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 13117
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-0633871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURINGTON, GERALD
2117 LA ROCHELLE DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: NANNI, KEN
Address: 1237 S W 2ND AVE
City-St-Zip: GAINESVILLE, FL 00000,

Title: VD ( ) Delete
Name: DOAN, ROBERT
Address: 5200 SW 91ST TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: PD ( ) Delete
Name: CURRINGTON, GERALD,
Address: 2117 LA ROCHELLE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: CD ( ) Delete
Name: SCHOBYOLA, MIKE
Address: 445 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: CURINGTON, GERALD,
Address: 2117 LA ROCHELLE DR.
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GERALD CURINGTON PD 03/08/2009

Electronic Signature of Signing Officer or Director — Date