

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763156 (7)**

1. Corporation Name  
**THETA BETA HOUSE CORPORATION, INC.**



Principal Place of Business <b>104 107 SOUTHERN OAK DR. PLANT CITY FL 33566</b>	Mailing Address <b>104 107 SOUTHERN OAK DR. PLANT CITY FL 33566-1451</b>
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3. Date Incorporated or Qualified <b>05/06/1982</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business <b>21 104 Southern Oaks</b>	2a. Mailing Address <b>26 104 Southern Oaks</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

4. FEI Number <b>59-2347926</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**RAULERSON, DANIEL D.  
107 SOUTHERN OAK DR.  
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRASEUR, JAMES N.</b>	1.2 NAME	
STREET ADDRESS	<b>741 6TH ST., SOUTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGAN, ROBERT W.</b>	2.2 NAME	
STREET ADDRESS	<b>1621 CARTER OAKS DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAULERSON, DANIEL D.</b>	3.2 NAME	
STREET ADDRESS	<b>107 SOUTHERN OAK DR.</b>	3.3 STREET ADDRESS	<b>104 Southern Oaks</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAERTNER, NELSON</b>	4.2 NAME	
STREET ADDRESS	<b>2201 BELLE CHASE CIR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIST, VICTOR</b>	5.2 NAME	
STREET ADDRESS	<b>5118 N. 58TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARAHER, MARK</b>	6.2 NAME	
STREET ADDRESS	<b>1219 51ST AVE. E. #76</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_ **REQUIRED** **4/29/97** **813-752-6604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046117

CR2E037 (9/96)