


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 763156 1. Entity Name THETA BETA HOUSE CORPORATION, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 101 E. MAHONEY ST. PLANT CITY, FL 33566 US | Mailing Address 101 E. MAHONEY ST. PLANT CITY, FL 33566 US |
|--|--|



01102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-2347926 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent RAULERSON, DANIEL D 101 E. MAHONEY ST. PLANT CITY, FL 33566 |
|--|

DO NOT WRITE IN THIS SPACE

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

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

| | |
|--|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD RAULERSON, DANIEL D 101 E. MAHONEY ST. PLANT CITY, FL 33617 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BOWERS, RICHARDO DR 11401 SUNCREEK PL TEMPLE TERRACE, FL 33617 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CRIST, VICTOR 5118 N 56TH ST TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

01/15/04-80059-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information empowered.

SIGNATURE: *[Signature]* **1/15/04** **813-752-6604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #