

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

30 MAY - 1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10909 (2)
1. Corporation Name
FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION

Principal Place of Business Mailing Address
**PI BETA PHI
37 WEST FRATERNITY DRIVE
GAINESVILLE FL 32603
US**

**BELL, SUSAN
2269 NW 36TH PLACE
GAINESVILLE FL 32605
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/31/1985** 3a. Date of Last Report **08/05/1994**
4. FEI Number **59-2643047** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **Pi Beta Phi House Corp**
22 City & State 27 **PO. Box 13723**
23 Zip Country 28 **Gainesville, FL**
24 Zip Country 29 **32604** 30 **US**

9. Name and Address of Current Registered Agent
**GADD, JR C M
111 SE 1ST AVE
GAINESVILLE FL 32601**

10. Name and Address of Now 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 _____ DATE _____
Signature typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	BELL, SUSAN J.
STREET ADDRESS	2269 NW 36TH PLACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VD
NAME	DOTSON, LESLIE
STREET ADDRESS	5921 N.W. 44TH PL.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	O'NEAL, LESLIE KING
STREET ADDRESS	200 SOUTH ORANGE AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	MCVEAN, NANCY
STREET ADDRESS	3339 HANDY RD. #124
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	MONROE, JOANNE
STREET ADDRESS	3020 SW ARCHER RD #28
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	ELFE, MARY RUTH
STREET ADDRESS	3547 NW 32ND PLACE
CITY - ST - ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Wilbur, Marcella
13 STREET ADDRESS	2801 NW 23rd Blvd
14 CITY - ST - ZIP	Gainesville, FL 32605
21 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Adams, Kimberly
23 STREET ADDRESS	4528 SW 44th LN
24 CITY - ST - ZIP	Gainesville, FL 32608
31 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BARTON, Delynn
33 STREET ADDRESS	307 SW 41st ST
34 CITY - ST - ZIP	Gainesville, FL
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Solis, Diana
43 STREET ADDRESS	2000 SW 16th Ave, # 58
44 CITY - ST - ZIP	Gainesville, FL
51 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Denning, Joanne
53 STREET ADDRESS	1222 NW 8th Ave, Apt # 5
54 CITY - ST - ZIP	Gainesville, FL
61 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Walsh, Vanessa
63 STREET ADDRESS	931 SW 57th TERRACE
64 CITY - ST - ZIP	GAINESVILLE, FL

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 110.07(3)(h), 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: Vanessa Walsh, VANESSA WALSH, Asst Treasurer, 4/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/15/95
704-331-9461