

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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** **PI BETA PHI HOUSE CORP
P O BOX 13723
GAINESVILLE FL 32604
US**

3. Date Incorporated or Qualified **07/31/1985** 3a. Date of Last Report **05/01/1995**
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**
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 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GADD, JR C M
111 SE 1ST AVE
GAINESVILLE FL 32601**
10. Name and Address of New 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 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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILBUR, MARCELLA | 1.2 NAME | |
| STREET ADDRESS | 2801 NW 23RD BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D Treasurer. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ADAMS, KIMBERLY | 2.2 NAME | Doerr, Laurie |
| STREET ADDRESS | 4528 SW 44TH LN | 2.3 STREET ADDRESS | 4455 SW 34th St, #EE168. |
| CITY-ST-ZIP | GAINESVILLE FL | 2.4 CITY-ST-ZIP | (GAINESVILLE), FL. 32608. |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTON, DELYNN | 3.2 NAME | Barton, Delynn |
| STREET ADDRESS | 307 SW 41ST ST | 3.3 STREET ADDRESS | 307 SW 41st St. |
| CITY-ST-ZIP | GAINESVILLE FL | 3.4 CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D Secretary. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLIS, DIANA | 4.2 NAME | Solis, Diana |
| STREET ADDRESS | 2000 SW 16TH AVE. #58 | 4.3 STREET ADDRESS | 1910 NW 1st Ave |
| CITY-ST-ZIP | GAINESVILLE FL | 4.4 CITY-ST-ZIP | GAINESVILLE FL. 32603. |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENNING, JOANNE | 5.2 NAME | |
| STREET ADDRESS | 1222 NW 8TH AVE., APT #5 | 5.3 STREET ADDRESS | 200001855472 |
| CITY-ST-ZIP | GAINESVILLE FL | 5.4 CITY-ST-ZIP | -06/07/96--01033--058 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | ***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, VANESSA | 6.2 NAME | |
| STREET ADDRESS | 931 SW 57TH TERRACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 6.4 CITY-ST-ZIP | |

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 119.07(3)(k), 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: Marcella G. Wilbur Date: 909-374-6613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

6-7-96