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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N10909**
 1. Corporation Name
FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION

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

Mailing Address: **PI BETA PHI HOUSE CORP, P O BOX 13723, GAINESVILLE FL 32604, US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/31/1985
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2643047
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARTON, DELYNN 307 SW 41ST ST. GAINESVILLE FL 32607		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, DEYNN	1.2 NAME	Barton, Delynn
STREET ADDRESS	307 SW 41ST ST.	1.3 STREET ADDRESS	307 SW 41st St.
CITY-ST-ZIP	GAINESVILLE FL 32607	1.4 CITY-ST-ZIP	Gainesville FL 32607
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOERR, LAURIE	2.2 NAME	Mary Ruth Elfe
STREET ADDRESS	4455 SW 34TH LN #EE168	2.3 STREET ADDRESS	3547 NW 32 Pl.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville FL 32605
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOEY, KATHY	3.2 NAME	Nancy J. Henry
STREET ADDRESS	37 WEST FRATERNITY ROW.	3.3 STREET ADDRESS	3840 NW 15 St.
CITY-ST-ZIP	GAINESVILLE FL 32603	3.4 CITY-ST-ZIP	Gainesville FL 32605
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Stacey G. Fogler
STREET ADDRESS		4.3 STREET ADDRESS	7 SW 26 St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville FL 32607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Delynn A Barton* **SIGNATURE OF DELYNN A. BARTON** 1/19/99 352/377-7002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)