

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90049 038 ****61.25

DOCUMENT # N10909
 1. Entity 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

JUU16313



01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2643047	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
NANCY JORDAN
2110 SW 83RD COURT
GAINESVILLE, FL 32607

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELFE, MARY RUTH 3547 NW 32 PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENRY, NANCY J 3840 NW 15TH STREET GAINESVILLE, FL 32605 <i>32608</i> <i>5000 - 11-22 SW 25 Blvd</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOGLER, STACEY G 7 SW 26TH STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT JORDAN, NANCY 2110 SW 83RD CT. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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 like empowered.

SIGNATURE: Mary Ruth Elfe **MARY RUTH ELFE** *Feb 10, 2005* **3523722242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #