


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2008 08:00 AM
Secretary of State

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
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01192008 No Chg-NP CR2E037 (4/06)

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, 2008**

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 5000-1122 SW 25 BLD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILBERT, NANCY 3547 NW 32 PLACE GAINESVILLE, FL 32605
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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 01/24/08-80005-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy A. Jordan 1/19/08 352-376-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #