

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N10909

Entity Name: FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION

Current Principal Place of Business:

PI BETA PHI
37 WEST FRATERITY DRIVE
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

PI BETA PHI HOUSE CORP
P O BOX 358781
GAINESVILLE, FL 32635 US

FEI Number: 59-2643047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANCY JORDAN
2110 SW 83RD COURT
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELFE, MARY RUTH
Address: 3547 NW 32 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DV () Delete
Name: HENRY, NANCY J
Address: 5000-1122 SW 25 BLD
City-St-Zip: GAINESVILLE, FL 32608

Title: DS () Delete
Name: GILBERT, NANCY
Address: 3547 NW 32 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: PDT () Delete
Name: JORDAN, NANCY
Address: 2110 SW 83RD CT.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY A JORDAN

PDT

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date