

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10909

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

PI BETA PHI HOUSE CORP  
2049 NW 109TH TERRACE  
GAINESVILLE, FL 32606 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:**

SMITH, ASHLEY M  
2049 NW 109TH TERRACE  
GAINESVILLE, FL 32606 US

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: ASHLEY SMITH

02/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SMITH, ASHLEY M  
Address: 2049 NW 109TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ASHLEY SMITH

DP

02/01/2011

Electronic Signature of Signing Officer or Director

Date