

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27206** (4)

1. Corporation Name

**BETA PSI CORPORATION OF PHI SIGMA SIGMA, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 4: 26

Principal Place of Business

Mailing Address

C/O CHANDLER JONES  
2531 NW 41ST STREET, BLDG. E  
GAINESVILLE FL 32606

C/O CHANDLER JONES  
2531 NW 41ST STREET, BLDG. E  
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/29/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2912280** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, CHANDLER, JR.  
2531 N W 41 STREET  
SUITE E  
GAINESVILLE FL 32606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **KIER, LOUISE E.**  
STREET ADDRESS **3428 JANELLEN DRIVE**  
CITY- ST- ZIP **BALTIMORE MD**

1.1 TITLE  
1.2 NAME **Zirretta, Louise E.**  Change  Addition  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **D**  
NAME **KRALEY, JOYCE**  
STREET ADDRESS **22 SUNSET RD.**  
CITY- ST- ZIP **MAYNARD MA**

2.1 TITLE **D.P.**  Change  Addition  
2.2 NAME **Distler, Judith**  
2.3 STREET ADDRESS **5978 Seabright Rd.**  
2.4 CITY- ST- ZIP **Springfield, VA**

TITLE **DS**  
NAME **SMITH, ELLEN**  
STREET ADDRESS **4727 N.W. 124TH ST.**  
CITY- ST- ZIP **GAINESVILLE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE **DT**  
NAME **GEORGE, JOSETTE**  
STREET ADDRESS **P.O. BOX 9431**  
CITY- ST- ZIP **WASHINGTON DC**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE **D**  
NAME **HILDRED, KIM**  
STREET ADDRESS **750 OLD LANCASTER RD. #B312**  
CITY- ST- ZIP **BERWYN PA**

5.1 TITLE  Change  Addition  
5.2 NAME **Dianne Macey**  
5.3 STREET ADDRESS **23123 State Pl. 7, #250**  
5.4 CITY- ST- ZIP **Boca Raton, FL**

TITLE **D**  
NAME **KIER, LOUISE E.**  
STREET ADDRESS **3428 JANELLEN DRIVE**  
CITY- ST- ZIP **BALTIMORE MD**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS **Omit this entry**  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Ellen Smith Ellen Smith

1/20/95

904-395-5301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER