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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27206

1. Corporation Name

BETA PSI CORPORATION OF PHI SIGMA SIGMA, INC.

Principal Place of Business C/O CHANDLER JONES 2531 NW 41ST STREET. BLDG. E GAINESVILLE FL 32606 Mailing Address C/O CHANDLER JONES 2531 NW 41ST STREET. BLDG. E GAINESVILLE FL 32606

FILED Mar 16, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	Za. Mailing Address				06/29/1988					
21		Suite, Apt. #, etc.				-	FEI Number		TIA	plied For	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apr. #, 610.				59-2912280		. ——	ot Applicable	
City & Stat		City & State				-+-			 	Additional	
¬ · · · · · · · · · · · · · · · · · · ·							Certificate of Status Desired			equired	
Zip	Country Zip			Country			Election Campaign Financing		\$5.00	May Be	
4							Trust Fund Contribution Added to Fees				
	9. Name and Address of Current F	Registered Agent	<u> </u>			10). Name and Address of New	Registered /	Agent		
				81	Name						
JONES, CHANDLER, JR.					82 Street Address (P.O. Box Number is Not Acceptable)						
2531 N W 41 STREET					Street Address (1.0. Day Hamber is Not Asseptation						
SUITE E				83							
GAINESVILLE FL 32606					<u> </u>				as Zin	Code	
CONTINUED IC ALOUA				84	City		,	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.1508. Florida Statu	ites, the a	bove	-named co	rporation	on submits this statement for th	e purpose of	changing its	registered	
office or r	egistered agent, or both, in the State of	Florida, Such change was	authorized	l bv t	the corpora	ation's t	poard of directors. I hereby according	ept the appoir	itment as re	egistered	
agent, i a	m familiar with, and accept the obligatio	ns of, Section 617.0503, F	onda Stati	nes.							
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if analicable (NO)	C: Registered	Agent	t signature requ	ined when	reinstating)	DATE			
12.	OFFICERS AND DIRECTORS				, organization of the		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	ORS IN 12	
TITLE	D	DELETE	1.1 10	TLE					Change	☐ Addition	
NAME	SENSENEY, CHRIS		1.2 NA	ME							
STREET ADDRESS	262 SCOTT COURT		1	1.3 STREET ADDRESS							
	SPOTSWOOD NJ			1.4 CITY-ST-ZIP						,	
CITY-ST-ZIP TITLE	- DP-	☐ DELETE				DS	<u> </u>		Change	Addition	
NAME	DISTLER, JUDITH		2.2 NA			ט ט	,		<i>y</i> ~ °	_	
	5978 SEABRIGHT RD		I	2.3 STREET ADDRESS			i				
STREET ADDRESS	PONIOFIE DAVI			2.4 CITY-ST-ZIP							
CITY-ST-ZIP	DS-	☐ DELETE	3.1 TII				······································		Change	Addition	
TITLE -	SMITH, ELLEN					DP			Acomongo		
NAME	4727 N.W. 124TH ST.		3.2 NA								
STREET ADDRESS	(11 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				ADDRESS						
City-St-ZIP	GAINESVILLE FL	[7] 551 575	3.4. CI		T- ZIP				C3 Change	☐ Addition	
TITLE	OFORCE JOSETTE	☐ DELETE	4.1 TII						Change	☐ Addition	
NAME	GEORGE, JOSETTE		4. 2 N		ļ						
STREET ADDRESS	P.O. BOX 9431 N/A				ADORESS						
CITY-ST-ZIP	WASHINGTON DC		4.4 Cl		ZIP				F3.05		
TITLE	D MACEY DIANINE	☐ DELETE	5.1 Til						Change	☐ Addition	
NAME	MACEY, DIANNE		5.2 NA				•	•			
STREET ADDRESS	23123 STATE RD 7 #250				ADDRESS		•				
CITY-ST-ZIP	BOCA RATON FL		5.4 CI		-ZIP				Fig		
TITLE		☐ DELETE	6.1 Π		}		•		Change	☐ Addition	
NAME	•		6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET	ADDRESS			•			
CITY-ST-ZIP			6.4 CF	TY-ST	-ZIP						
	certify that the information supplied with	this filing does not qualify f	or the exe	mptic	on stated in	Section	on 119.07(3)(i), Florida Statutes	. I further cert	ify that the	information	

4. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

352-37*]* -9400

Daytime Phone #

82E037 (11/98)