


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N27206

1. Entity 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
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04232004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2912280	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

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

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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, 2004

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	DS DISTLER, JUDITH 5978 SEABRIGHT RD SPRINGFIELD, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, ELLEN 4727 N.W. 124TH ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GEORGE, JOSETTE P.O. BOX 9431 N/A WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACEY, DIANNE 23123 STATE RD 7 #250 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/04-00081-015 61.25

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12. 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 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: Ellen Smith 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #