

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27206

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: BETA PSI CORPORATION OF PHI SIGMA SIGMA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2912280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, CHANDLER, JR.  
2531 N W 41 STREET  
SUITE E  
GAINESVILLE, FL 32606 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: DS      ( ) Delete  
Name: DISTLER, JUDITH  
Address: 5978 SEABRIGHT RD  
City-St-Zip: SPRINGFIELD, VA

Title: DP      ( ) Delete  
Name: SMITH, ELLEN  
Address: 4727 N.W. 124TH ST.  
City-St-Zip: GAINESVILLE, FL

Title: DT      ( ) Delete  
Name: GEORGE, JOSETTE  
Address: P.O. BOX 9431 N/A  
City-St-Zip: WASHINGTON, DC

Title: D      ( ) Delete  
Name: MACEY, DIANNE  
Address: 23123 STATE RD 7 #250  
City-St-Zip: BOCA RATON, FL

**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 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: ELLEN SMITH

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date