

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27206

FILED
Apr 28, 2009
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: 4503 HEREND PLACE
City-St-Zip: FAIRFAX, VA 22032

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

Title: DT () Delete
Name: GEORGE, JOSETTE
Address: 2502 N. DIXIE HIGHWAY
City-St-Zip: LAKE WORTH, FL 33460

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 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

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date