

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727894

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**6541064110CC**

**Entity Name:** ALPHA ETA OF PHI KAPPA TAU HOUSE CORPORATION

**Current Principal Place of Business:**

1237 S.W. 2ND AVE.  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 13117  
GAINESVILLE, FL 32604

**FEI Number: 59-0633871**

**Certificate of Status Desired: No**

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

CURINGTON, GERALD  
2117 LA ROCHELLE DRIVE  
TALLAHASSEE, FL 32308 US

*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

**Officer/Director Detail :**

Title PD  
Name CURINGTON, GERALD  
Address 2117 LA ROCHELLE DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title TD  
Name STEIN, ANDY S  
Address 2515 WEST 33RD STREET  
City-State-Zip: PANAMA CITY FL 32405

Title SD  
Name BROWNE, MICHAEL  
Address PO BOX 13117  
City-State-Zip: GAINESVILLE FL 32604

Title D  
Name STENBERG, BRIAN  
Address PO BOX 13117  
City-State-Zip: GAINESVILLE FL 32604

Title DIRECTOR  
Name GALLOP, MARSHALL  
Address 312 WINGSTON  
City-State-Zip: JACKSONVILLE FL

Title DIRECTOR  
Name KORGE, THOMAS  
Address 230 PALERMO AVE  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE: GERALD CURINGTON**

**PD**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date