

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10909

**Entity Name:** FLORIDA DELTA OF PI BETA PHI HOUSE CORPORATION

**Current Principal Place of Business:**

PI BETA PHI  
2489 WEST FRATERNITY DRIVE  
GAINESVILLE, FL 32603

**Current Mailing Address:**

PI BETA PHI HOUSE CORP  
PO BOX 358781  
GAINESVILLE, FL 32635 US

**FEI Number:** 59-2643047

**Certificate of Status Desired:** No

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

JACKREL, ASHLEY M  
PI BETA PHI HOUSE CORP  
4040 W. NEWBERRY RD. STE. 1300  
GAINESVILLE, FL 32607 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:** ASHLEY JACKREL

04/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JACKREL, ASHLEY M  
Address        4040 W. NEWBERRY RD.  
                  STE. 1300  
City-State-Zip: GAINESVILLE FL 32607  
  
Title            EMPLOYEE COORDINATOR  
Name            JORDAN, KARA  
Address        321 SE 3RD ST. APT. E7  
City-State-Zip: GAINESVILLE, FL 32601

Title            TREASURER  
Name            FISCHMAN, MOIRA  
Address        1618 NW 6TH AVE.  
City-State-Zip: GAINESVILLE FL 32603  
  
Title            FACILITIES COORDINATOR  
Name            LEE, KATIE  
Address        5336 NW 8TH AVE.  
City-State-Zip: GAINESVILLE, FL 32605

*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:** ASHLEY JACKREL

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date