

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713214

FILED
Jul 03, 2007
Secretary of State

Entity Name: THE PI KAPPA ALPHA HOUSE FOUNDATION OF MELBOURNE, INC.

Current Principal Place of Business:

2401 N.E. RIVERVIEW DRIVE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

120 ORMOND AVE
SUITE A
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-1232120 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOYLE, BRENT
2055 EVA LANE
MALABAR, FL 32950 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: PD () Delete
Name: DOYLE, BRENT
Address: 2055 EVA LANE
City-St-Zip: MALABAR, FL 32950

Title: TD () Delete
Name: STRAND, LOREN
Address: 120 ORMOND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VPD () Delete
Name: THOMAS, JIM
Address: 8083 OLD TRAINWAY ROAD
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRAND, LOREN
Address: 120 ORMOND AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: TD (X) Change () Addition
Name: POOLE, KEITH
Address: 7955 BABCOCK ST SE
City-St-Zip: PALM BAY, FL 32909

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: LOREN STRAND

PD

07/03/2007

Electronic Signature of Signing Officer or Director

_____ Date