

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713214

FILED  
Apr 12, 2010  
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:**

7955 BABCOCK ST SE  
PALM BAY, FL 32909 US

**New Mailing Address:**

FEI Number: 59-1232120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POOLE, KEITH R  
7955 BABCOCK ST SE  
PALM BAY, FL 32909 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  
Name: STRAND, LOREN  
Address: 120 ORMOND AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

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

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

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: KEITH R POOLE

TD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date