

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 23, 2008**  
**Secretary of State**

DOCUMENT# 714496

**Entity Name:** BETA ETA HOUSE CORPORATION, INC., OF TALLAHASSEE, FLORIDA**Current Principal Place of Business:**423 W. COLLEGE AVENUE  
TALLAHASSEE, FL 323011498**New Principal Place of Business:**700 OHIO AVENUE  
LYNN HAVEN, FL 32444**Current Mailing Address:**180 S. CHERRY ST  
SUITE E  
MONTICELLO, FL 32344 US**New Mailing Address:**700 OHIO AVENUE  
LYNN HAVEN, FL 32444**FEI Number:** 59-1656170**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOGLE, THOMAS R  
180 S. CHERRY ST  
SUITE E  
MONTICELLO, FL 32344 US**Name and Address of New Registered Agent:**BABER, BRIAN C  
700 OHIO AVENUE  
LYNN HAVEN, FL 32444 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: BRIAN C BABER

12/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MURPHY, BRIAN P  
Address: 9170 OLD CHEMONIE RD.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD ( ) Delete  
Name: MUELLER, CHRIS  
Address: 3001 W SAN JOSE ST  
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete  
Name: HOGLE, TOM  
Address: 180 S. CHERRY ST., SUITE E  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BABER, BRIAN C  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T (X) Change ( ) Addition  
Name: WAHLEN, ERIC  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: S (X) Change ( ) Addition  
Name: BOUDET, SCOTT  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Change (X) Addition  
Name: GODWIN, JAMES D  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Change (X) Addition  
Name: MUELLER, CHRIS  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Change (X) Addition  
Name: MURPHY, BRIAN  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

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: BRIAN C, BABER

P

12/23/2008

Electronic Signature of Signing Officer or Director

Date