


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 720176	
1. Entity Name HOUSE CORPORATION OF BETA IOTA CHAPTER OF PHI KAPPA TAU NATIONAL FRATERNITY, INC.	


Principal Place of Business 108 S. WILDMOOD DR. TALLAHASSEE, FL 32304 US 1900 Heritage Grove Circle	Mailing Address 738 BRANDEIS AVENUE PANAMA CITY, FL 32405 US
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DO NOT WRITE IN THIS SPACE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0670487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CURINGTON, GERALD 2422 LAROCHELLE DR 2117 TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

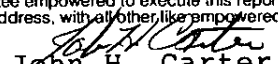
SIGNATURE: 	DATE: 4-24-05
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000054237020 05/10/05--01108--004 **\$61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, JOHN H 738 BRANDEIS AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARKIN, ROBERT 906 N. MONROE ST. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAX, WILLIAM 901 BARRIE AVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D John Bender 2628 Sawwood Lane Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nicholas Zappitelli 1900 Heritage Grove Circle Apt 131 Tallahassee FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  John H. Carter	April 14, 2005 850074779366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

T. Roberts APR 27 2005