2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# 720176

Entity Name: HOUSE CORPORATION OF BETA IOTA CHAPTER OF PHI KAPPA TAU NATIONAL FRATERNITY, INC.

Current Principal Place of Business:

1900 HERITAGE GROVE CIR
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

738 BRANDEIS AVENUE
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-0670487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURINGTON, GERALD
2117 LAROCHELLE DR
TALLAHASSEE, FL 32308 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:	CARTER, JOHN H	
Address:	738 BRANDEIS AVE.	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	TD	( ) Delete
Name:	LARKIN, ROBERT	
Address:	906 N.MONROE ST.	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	SD	( ) Delete
Name:	LAX, WILLIAM	
Address:	901 BARRIE AVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	VPD	( ) Delete
Name:	BENDER, JOHN	
Address:	2628 SARAWOOD LANE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	VAUGHN, BRAD	
Address:	428 INDIAN VILLAGE TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32304	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN H. CARTER PD 02/11/2008

Electronic Signature of Signing Officer or Director — Date