## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#720176**

**FILED** Mar 08, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1900 HERITAGE GROVE CIR TALLAHASSEE, FL 32304

**Current Mailing Address: New Mailing Address:** 

738 BRANDEIS AVENUE PANAMA CITY, FL 32405 US

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

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

CURINGTON, GERALD 2117 LAROCHELLE DR TALLAHASSEE, FL 32308 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

CARTER, JOHN H Name: Name: 738 BRANDEIS AVE. Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

Title: TD () Delete Title: (X) Change ( ) Addition

LARKIN, ROBERT Name: LARKIN, ROBERT Name: Address: 906 N.MONROE ST. Address: 906 N.MONROE ST. City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: () Change () Addition

LAX, WILLIAM Name: Name: 901 BARRIE AVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip:

Title: VPD ( ) Delete Title: () Change () Addition

BENDER, JOHN Name: Name: 2628 SARAWOOD LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

VAUGHN, BRAD CURINGTON, GERALD Name: Name: 428 INDIAN VILLAGE TRAIL 2117 LAROCHELLE DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: ( ) Change (X) Addition

ALLEN, KEITH Name: Name: Address: Address: 7365 OX BOW CIRCLE TALLAHASSEE, FL 32312 City-St-Zip: 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 03/08/2009