

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721422

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** FLORIDA BETA STUDENTS AID FUND, INC.

**Current Principal Place of Business:**

13 FRATERNITY ROW  
GAINESVILLE, FL 32603 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 SWEETBRIAR ROAD  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 23-7366820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPHENS, REX  
1050 SWEETBRIAR ROAD  
ORLANDO, FL 32806 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: SD ( ) Delete  
Name: CIANO, PHILIP B  
Address: 5600 NW 57 WAY  
City-St-Zip: GAINESVILLE, FL 32653

Title: PD ( ) Delete  
Name: BRASINGTON, BRIAN J  
Address: 8423 NW 6TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

Title: TD ( ) Delete  
Name: MAGUIRE, JOHN  
Address: 1030 SW 101ST STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete  
Name: PICKERING, JIM  
Address: 301 HILLCREST STREET  
City-St-Zip: LAKELAND, FL 33815

**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:

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 BRASINGTON

PD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date