

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **727894** (8)

1. Corporation Name
ALPHA ETA CHAPTER OF PHI KAPPA TAU FRATERNITY, INCORPORATED



Principal Place of Business
1237 S.W. 2ND AVE. GAINESVILLE FL 32601

Mailing Address
1237 S.W. 2ND AVE. GAINESVILLE FL 32601

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21	22		26	10/29/1973	05/01/1995
23		27		4. FEI Number	Applied For
City & State		City & State		59-0633871	Not Applicable
24	25	29	30	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
COSGROVE, JOHN F. 8230 SW 192 STREET MIAMI FL 33157				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	
10. Name and Address of New Registered Agent				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date of application. (Date of Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	1.1 TITLE	S
NAME	NANNI, KEN	1.2 NAME	Ken Nanni
STREET ADDRESS	1237 S W 2ND AVE	1.3 STREET ADDRESS	1237 SW 2nd Ave
CITY - ST - ZIP	GAINESVILLE, FL 00000	1.4 CITY - ST - ZIP	Gainesville, FL 32601
TITLE	TM	2.1 TITLE	P D
NAME	WACHS, MATT	2.2 NAME	Ryan Chandler
STREET ADDRESS	1237 S.W. 2ND AVE	2.3 STREET ADDRESS	1237 SW 2nd Ave
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	Gainesville, FL 32601
TITLE	PD	3.1 TITLE	
NAME	CURRINGTON, JERRY	3.2 NAME	
STREET ADDRESS	2122 LAROCHELLE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	BARLI, JOHN	4.2 NAME	
STREET ADDRESS	7720 ISABELLA DR., #K	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	C D
NAME	HALE, ROBERT	5.2 NAME	Rick Chaves
STREET ADDRESS	3400 PINE WALK DR., N. #935	5.3 STREET ADDRESS	2626 W Univ Ave
CITY - ST - ZIP	LONGWOOD FL	5.4 CITY - ST - ZIP	Gainesville, FL 32607
TITLE	VM	6.1 TITLE	M
NAME	RHODEN, JAMES	6.2 NAME	Don Reid
STREET ADDRESS	1237 S.W. 2ND AVE	6.3 STREET ADDRESS	114 SW 1st
CITY - ST - ZIP	GAINESVILLE, FL 00000	6.4 CITY - ST - ZIP	Gainesville, FL 32601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Keneth R. Nanni* 4-16-96 (352) 376-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (12/95)