

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727894 (8)**

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



Principal Place of Business <b>1237 S.W. 2ND AVE. GAINESVILLE FL 32601</b>	Mailing Address <b>1237 S.W. 2ND AVE. GAINESVILLE FL 32601-6114</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/29/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>59-0633871</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COSGROVE, JOHN F.  
8230 SW 192 STREET  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NANNI, KEN</b>	
STREET ADDRESS	<b>1237 S W 2ND AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHANDLER, RYAN</b>	
STREET ADDRESS	<b>1237 S.W. 2ND AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CURRINGTON, JERRY</b>	
STREET ADDRESS	<b>2122 LAROCHELLE DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARLI, JOHN</b>	
STREET ADDRESS	<b>7720 ISABELLA DR., #K</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAVES, RICK</b>	
STREET ADDRESS	<b>2626 W UNIV AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>M</b>	<input type="checkbox"/> DELETE
NAME	<b>REID, DON</b>	
STREET ADDRESS	<b>114 SW LST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: *Don Reid* **Don Reid** 4/29/97 352-372-4145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8010679

CR2E037 (9/96)