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FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 32601-6114

3. Date Incorporated or Qualified: 10/29/1973
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-0633871
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF:

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	700002530417
4.4 CITY-ST-ZIP	-05/20/98--01087--016 ***\$1.25
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 19.07(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, or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* J. Ryan Chandler 4/29/97 352-372-4145

CR2E037 (9/96)