2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727894

Address:

City-St-Zip:

445 TURKEY CREEK

ALACHUA, FL 32615

FILED Apr 30, 2008 Secretary of State

Entity Name: ALPHA ETA CHAPTER OF PHI KAPPA TAU FRATERNITY, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1237 S.W. 2ND AVE. GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** PO BOX 13117 GAINESVILLE, FL 32604 FEI Number: 59-0633871 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: COSGROVE, JOHN F CURINGTON, GERALD 2117 LA ROCHELLE DRIVE 8230 SW 192 STREET US MIAMI, FL 33157 TALLAHASSEE, FL 32308 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: GERALD CURINGTON 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NANNI. KEN Name: Name: 1237 S W 2ND AVE Address: Address: City-St-Zip: GAINESVILLE, FL 00000, City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete COSGROVE, JOHN Name: Name: DOAN, ROBERT Address: 201 WEST FLAGLER STREET Address: 5200 SW 91ST TERR City-St-Zip: MIAMI, FL 33130 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: PD (X) Change () Addition CURRINGTON, JERRY, CURRINGTON, GERALD, Name: Name: 2122 LAROCHELLE DR. Address: Address: 2117 LA ROCHELLE DR. City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32308 Title: CD () Delete Title: () Change () Addition Name: SCHOBYOLA, MIKE Name:

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.

Address:

City-St-Zip:

SIGNATURE: GERALD CURINGTON PD 04/30/2008