

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # 730185 (6)

1. Corporation Name

ETA PI HOUSE, INC.



Principal Place of Business

Mailing Address

PO BOX 1171
ORLANDO FL 32802
US

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ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1974

3a. Date of Last Report
05/01/1996

4. FEI Number

59-6549155

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTSEL, VERNON
255 S. ORANGE AVE.
STE 1600
ORLANDO FL 32801

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Treasurer
NAME FIDELO ALAN B
STREET ADDRESS 7912 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE Secretary
1.2 NAME Joe G. Blanton
1.3 STREET ADDRESS 4638 S. Kirkman Rd
1.4 CITY-ST-ZIP Orlando, FL 32811

D
NAME ROSSI, RONALD A.
STREET ADDRESS 4727 RAYMAR DRIVE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE P. Cable - Director
2.2 NAME
2.3 STREET ADDRESS 528 Kellygreen Dr
2.4 CITY-ST-ZIP Orlando, FL 32828

P
NAME JACKSON, MARK
STREET ADDRESS 1961 BONNEVILLE DR
CITY-ST-ZIP ORLANDO FL 32826

3.1 TITLE Director
3.2 NAME Robert Dixon
3.3 STREET ADDRESS 1142 Pheasant Cir
3.4 CITY-ST-ZIP Winter Springs, FL 32708

D
NAME BEEKMAN, WILLIAM D.
STREET ADDRESS 8887 SAN TOCCOA DR.
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Director
4.2 NAME Jim Hasley
4.3 STREET ADDRESS 151 Southwell Ln Suite L30
4.4 CITY-ST-ZIP Maitland, FL 32751

S
NAME RANKIN JOHN
STREET ADDRESS 343 HOWARD BLVD
CITY-ST-ZIP LONGWOOD FL

5.1 TITLE Director
5.2 NAME Rich Verrill
5.3 STREET ADDRESS 401 Blue Jay Way
5.4 CITY-ST-ZIP Orlando 32828

D
NAME MELNICK, TIM
STREET ADDRESS 8127 WOODBREEZE RD.
CITY-ST-ZIP WINDERMERE FL

6.1 TITLE Director
6.2 NAME Chris Whittaker
6.3 STREET ADDRESS 656 W. Antares St
6.4 CITY-ST-ZIP Oviedo, FL 32765

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 if changed, or on an attachment with an address.

CR2E037 (4/97)