

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768091

FILED
Mar 17, 2007
Secretary of State

Entity Name: ALPHA ETA HOUSE CORPORATION OF PI KAPPA ALPHA

Current Principal Place of Business:

1904 W. UNIVERSITY AVE.
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

4118 LASALLE DRIVE
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-0402367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, JR, CHARLES J
4118 LASALLE DRIVE
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, FRANK A
Address: 100 S ASHLEY DR STE 1650
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: RAMERS, LAWRENCE
Address: PO BOX 1590
City-St-Zip: BOCA RATON, FL 33429

Title: DP () Delete
Name: COX, EARNEST A III,
Address: 777 S FLAGLER
City-St-Zip: WEST PALM BEACH, FL

Title: TD () Delete
Name: EVANS, JR, CHARLES J
Address: 4118 LASALLE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: EATON, O. H.JR.,
Address: 2209 SPRINGS LANDING BLV
City-St-Zip: LONGWOOD, FL

Title: SD () Delete
Name: ALLEN, JR, JOHN C
Address: PO BOX 1838
City-St-Zip: ORMOND BEACH, FL 32175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COX, III, EARNEST A
Address: 777 S FLAGLER
City-St-Zip: WEST PALM BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ALLEN, JR, JOHN C
Address: PO BOX 1838
City-St-Zip: ORMOND BEACH, FL 32175

Title: D (X) Change () Addition
Name: JOHNSON, JAMES C
Address: 4840 LIGHTHOUSE ROAD
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHARLES J. EVANS, JR.

TD

03/17/2007

Electronic Signature of Signing Officer or Director

Date