

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770162** (6)

1. Corporation Name

ETA PHI CHAPTER ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1324 SUNSET DRIVE  
WINTER PARK FL 32789

P.O. BOX 2533  
WINTER PARK FL 32790-2533



3. Date Incorporated or Qualified **09/09/1983** 3a. Date of Last Report **08/05/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2983461</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					


9. Name and Address of Current Registered Agent

CHRISTY, WILLIAM J  
1324 SUNSET DRIVE  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name **Christopher A. Tomasso**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1003 Corkwood Dr**  
83  
84 City **Oviedo** FL 85 Zip Code **32765**

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTY, WILLIAM J			1.2 NAME	Tomasso, Christopher		
STREET ADDRESS	1324 SUNSET DRIVE			1.3 STREET ADDRESS	1003 Corkwood Dr.		
CITY - ST - ZIP	WINTER PARK FL 32789			1.4 CITY - ST - ZIP	Oviedo, FL 32765		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOBBITT, JAMES E			2.2 NAME	Ralph Simon		
STREET ADDRESS	1800 ANTILLAS PLACE			2.3 STREET ADDRESS	1003 Corkwood Dr.		
CITY - ST - ZIP	ORLANDO FL 32806			2.4 CITY - ST - ZIP	Oviedo, FL 32765		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, SCOTT			3.2 NAME	Brett Manning		
STREET ADDRESS	250 S. ORANGE AVE., SUITE 100			3.3 STREET ADDRESS	1003 Corkwood Dr.		
CITY - ST - ZIP	ORLANDO FL 32801			3.4 CITY - ST - ZIP	Oviedo, FL 32765		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 if changed, or on an attachment with an address.

SIGNATURE:  **Christopher Tomasso** 3/21/97 407-423-8006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \* 0015330

CR2E037 (9/96)