

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 24 AM 11:34**

**DOCUMENT # 810440 (8)**

1. Corporation Name  
**PHI-BETA-PSI**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/05/1955</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>31-6043811</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business <b>C/O DOROTHY DILLON 4440 IRONWOOD CIRCLE, 2090 BRADENTON FL 34209-6809 US</b>	Mailing Address <b>C/O DOROTHY DILLON 4440 IRONWOOD CIRCLE, 2090 BRADENTON FL 34209-6809 US</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent  
**DILLON, DOROTHY  
4440 IRONWOOD CIRCLE  
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 <b>D</b>	<b>SMITH, WINNE 317 MULBERRY ST MADISON IN</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DV</b>	<b>MILLCENT MORRIS 5 OAK PARK BLVD JEFFERSONVILLE IN</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<b>MANRIQUE, CHERYLE 5538 HINDS RD OAKDALE CA</b>	2.2 NAME <b>LORI GROBE</b>	
TITLE <b>SD</b>	<b>THOMPSON, DORIS 8408 TAMARAC WICHITA KS</b>	2.3 STREET ADDRESS <b>910 W. ROVEY AVE.</b>	
TITLE <b>PD</b>	<b>WEIXELMAN, RUBY FLORY 8302 CASTLE DR WICHITA KS</b>	2.4 CITY - ST - ZIP <b>PHOENIX, ARIZONA 85013</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<b>ROTH, SYLVIA 5455 STEWARD RD LMA OH</b>	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	
		4.4 CITY - ST - ZIP	
		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME <b>TO CINDY PIERCE</b>	
		6.3 STREET ADDRESS <b>91 NASHUA DR.</b>	
		6.4 CITY - ST - ZIP <b>CLARKSVILLE INDIANA 47119</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.0305, 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruby Flory Weixelman, National President* 2/4/95 (316) 683-2484  
RUBY FLORY WEIXELMAN, NATIONAL PRESIDENT