

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 810440 (8)  
1. Corporation Name

PHI BETA PSI

Principal Place of Business	Mailing Address
c/o Dorothy Dillon 4440 Ironwood Circle, 209D Bradenton, FL 34209-6809 US	c/o Dorothy Dillon 4440 Ironwood Circle, 209D Bradenton, FL 34209-6809 US

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 4440 Ironwood Circle	26 4440 Ironwood Circle	31-6043811	02/24/1995
Suite Apt #, etc	Suite Apt #, etc	5. Certificate of Status Desired	Applied For
22 #209D	27 #209D	<input type="checkbox"/>	Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
23 Bradenton, FL	28 Bradenton, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	29	30
24 34209-6809	25 U S A	34209-6809	U S A
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

DILLON, DOROTHY  
4440 IRONWOOD CIRCLE, 209D  
BRADENTON, FL 34209

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

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	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WINNIE	12 NAME	
STREET ADDRESS	317 MULBERRY ST	13 STREET ADDRESS	000001742620
CITY-ST-ZIP	MADISON, IN 47250	14 CITY-ST-ZIP	-03/14/96--01014--027
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVE, LORI	22 NAME	
STREET ADDRESS	910 W. ROVEY AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85013	24 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANRIQUE, CHERYLE	32 NAME	HAZELBROOK, SANDIE
STREET ADDRESS	5536 HINDS RD.	33 STREET ADDRESS	12207 308th AVE. NE
CITY-ST-ZIP	OAKDALE, CA	34 CITY-ST-ZIP	DUVALL, WA 98019
TITLE	SD <input checked="" type="checkbox"/> DELETE	41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DORIS	42 NAME	PETROVICH, TERRIE
STREET ADDRESS	8406 TAMARAC	43 STREET ADDRESS	3742 SEBREN AVE.
CITY-ST-ZIP	WICHITA, KS	44 CITY-ST-ZIP	LONG BEACH, CA 90808
TITLE	PD <input checked="" type="checkbox"/> DELETE	51 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIXELMAN, RUBY FLORY	52 NAME	PATTON, DIANE
STREET ADDRESS	8302 CASTLE DR.	53 STREET ADDRESS	2284 HAZEL RD.
CITY-ST-ZIP	WICHITA, KS	54 CITY-ST-ZIP	TUSTIN, CA 92680
TITLE	TD <input type="checkbox"/> DELETE	61 TITLE	
NAME	PIERCE, CINDY	62 NAME	
STREET ADDRESS	91 NASHUA DR.	63 STREET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE, IN 47129	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (714) 731-1613

SIGNATURE: *Diane B. Patton* Diane B. Patton, National President 2/26/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*Handwritten initials/signature*