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FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810440 (8)

1. Corporation Name
PHI-BETA-PSI

Principal Place of Business C/O DOROTHY DILLON 4440 IRONWOOD CIRCLE, 209D BRADENTON FL 34209-6809 US	Mailing Address C/O DOROTHY DILLON 4440 IRONWOOD CIRCLE, 209D BRADENTON FL 34209-6800 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/05/1955	3a. Date of Last Report 03/13/1996
4. FEI Number 31-6043811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DILLON, DOROTHY
4440 IRONWOOD CIRCLE, 209D
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

FL

I, 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 a Statute.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WINNIE	
STREET ADDRESS	317 MULBERRY ST	
CITY-ST-ZIP	MADISON IN	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GROBE, LORI	
STREET ADDRESS	910 W ROVEY AVE	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAZELBROOK, SANDIE	
STREET ADDRESS	12207 308TH AVE. NE	
CITY-ST-ZIP	DUVALL WA 98019	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PETROVICH, TERRIE	
STREET ADDRESS	3742 SEBREN AVE.	
CITY-ST-ZIP	LONG BEACH CA 90808	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTON, DIANE	
STREET ADDRESS	2284 HAZEL RD	
CITY-ST-ZIP	TUSTIN CA 92680	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PIERCE, CINDY	
STREET ADDRESS	91 NASHUA DR	
CITY-ST-ZIP	CLARKSVILLE IN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE → M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARLENE KARRICK
1.3 STREET ADDRESS	102 CANDY LANE
1.4 CITY-ST-ZIP	LIMA, OH 45805
2.1 TITLE → P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARLENE HEIDEMANN
2.3 STREET ADDRESS	P.O. BOX 280 (TVA)
2.4 CITY-ST-ZIP	CROSSLAKE, MN 56442
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 → S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETTY DIXON
4.3 STREET ADDRESS	2904 BEACH DRIVENE
4.4 CITY-ST-ZIP	POULSBORO, WA 98370
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 → T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LORRAINE MCCATCHAN
6.3 STREET ADDRESS	6705 CHAPEL HILL ROAD
6.4 CITY-ST-ZIP	BORDEN, IN 47106

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 (9/96)