

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810440 (8)**  
1. Corporation Name  
**PHI-BETA-PSI**



Principal Place of Business <b>C/O DOROTHY DILLON 4440 IRONWOOD CIRCLE, 209D BRADENTON FL 34209-6809 US</b>	Mailing Address <b>C/O DOROTHY DILLON 4440 IRONWOOD CIRCLE, 209D BRADENTON FL 34209-6809 US</b>
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3. Date Incorporated or Qualified <b>07/05/1955</b>	
4. FEI Number <b>31-6043811</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

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

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	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KARRICK, MARLENE</b>
STREET ADDRESS	<b>102 CANDY LANE</b>
CITY-ST-ZIP	<b>LIMA OH</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HEIDEMANN, MARLENE</b>
STREET ADDRESS	<b>P.O. BOX 288 N/A</b>
CITY-ST-ZIP	<b>CROSSLAKE MN</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HAZELBROOK, SANDIE</b>
STREET ADDRESS	<b>12207 308TH AVE. NE</b>
CITY-ST-ZIP	<b>DUVALL WA 98019</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>DIXON, BETTY</b>
STREET ADDRESS	<b>29070 BEACH DR. N.E.</b>
CITY-ST-ZIP	<b>POULSBO WA</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>PATTON, DIANE</b>
STREET ADDRESS	<b>2284 HAZEL RD</b>
CITY-ST-ZIP	<b>TUSTIN CA 92680</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>MCCUTCHAN, LORRAINE</b>
STREET ADDRESS	<b>6705 CHAPEL HILL RD.</b>
CITY-ST-ZIP	<b>BORDEN IN</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VD</b>
3.3 STREET ADDRESS	<b>PIERCE, CINDY</b>
3.4 CITY-ST-ZIP	<b>91 NASHUA DRIVE CLARKSVILLE, IN 47129</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PD</b>
5.3 STREET ADDRESS	<b>HAZELBROOK, SANDIE</b>
5.4 CITY-ST-ZIP	<b>12207-308th AVE. NE DUVALL, WA 98019</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Sandie Hazelbrook* February 3, 1998 4257881458

CR2E037 (10/97)