

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90112 033 \*\*\*\*61.25

0066324

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 810440

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 34209-6809  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/05/1955

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
31-6043811

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME KARRICK, MARLENE  
STREET ADDRESS 102 CANDY LANE  
CITY-ST-ZIP LIMA OH

1.1 TITLE D  Change  Addition  
1.2 NAME Joyce Sager  
1.3 STREET ADDRESS 102 Maple Leaf Drive  
1.4 CITY-ST-ZIP Ottawa, Ohio 45875

TITLE VD  DELETE  
NAME HEIDEMANN, MARLENE  
STREET ADDRESS P.O. BOX 288 N/A  
CITY-ST-ZIP CROSSLAKE MN

2.1 TITLE VD  Change  Addition  
2.2 NAME Carolee Castro  
2.3 STREET ADDRESS 150 Kingsley, New Jersey  
2.4 CITY-ST-ZIP 07728-1666

TITLE VD  DELETE  
NAME PIERCE, CINDY  
STREET ADDRESS 91 NASHUA DR  
CITY-ST-ZIP CLARKSVILLE IN 47129

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME DIXON, BETTY  
STREET ADDRESS 29070 BEACH DR. N.E.  
CITY-ST-ZIP POULSBO WA

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME HAZELBROOK, SANDIE  
STREET ADDRESS 12207-308TH AVE NE  
CITY-ST-ZIP DUVALL WA 98019

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME MCCUTCHAN, LORRAINE  
STREET ADDRESS 6705 CHAPEL HILL RD.  
CITY-ST-ZIP BORDEN IN

6.1 TITLE TD  Change  Addition  
6.2 NAME Charlotte Brown  
6.3 STREET ADDRESS 1969 S. 445 E.  
6.4 CITY-ST-ZIP LaGrange, Indiana 46761

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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 425-788-1458

Date

Daytime Phone #

CR2E037 (1/98)