

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810440

FILED
Jan 08, 2012
Secretary of State

Entity Name: PHI-BETA-PSI

Current Principal Place of Business:

C/O SANDY MAXWELL
1048 GROUSE WAY
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

C/O SANDY MAXWELL
1048 GROUSE WAY
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 31-6043811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDY, MAXWELL
1048 GROUSE WAY
VENICE, FL 34285 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STEWART, KATHY
Address: 718 WEGER AVENUE
City-St-Zip: ELIDA, OH 45807 US

Title: 1VP
Name: NOTTINGHAM, LINDA
Address: 604 JANE DRIVE
City-St-Zip: SHARPSVILLE, IN 46068 US

Title: 2VP
Name: COOPER, VICKI
Address: 8404 E. 256TH STREET
City-St-Zip: ARCADIA, IN 46030 US

Title: SECY
Name: SPENCER, JOY
Address: 814 MICHIGAN AVENUE
City-St-Zip: SELLERSBURG, IN 47172

Title: EDIT
Name: WEBSTER, JAN
Address: 4502 E. STATE ROAD 56
City-St-Zip: SALEM, IN 47167 US

Title: TREA
Name: CRITTENDEN, BEV
Address: 10005 PLUM HOLLOW ROAD
City-St-Zip: LOUISVILLE, KY 40291 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY STEWART

PRES

01/08/2012

Electronic Signature of Signing Officer or Director

Date