

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003240

**FILED**  
**Jan 23, 2004**  
**Secretary of State****Entity Name:** TAU EPSILON PHI EPSILON DEUTERON, INC.**Current Principal Place of Business:**2653 ERNEST  
JACKSONVILLE, FL 32204**New Principal Place of Business:**275 JOHN KNOX RD  
A102  
TALLAHASSEE, FL 32303**Current Mailing Address:**2653 ERNEST  
JACKSONVILLE, FL 32204**New Mailing Address:**275 JOHN KNOX RD  
A102  
TALLAHASSEE, FL 32303**FEI Number:** 82-0541673**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TOLMACH, PETER L  
347 SKATE DR  
TALLAHASSEE, FL 32312**Name and Address of New Registered Agent:**JAMES, JEFFEREY  
4860 HERON POINT DR.  
#127  
TAMPA, FL 33616

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: JEFFREY JAMES

01/23/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOYLE, JAMES D  
Address: 347 SKATE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MALD ( ) Delete  
Name: TOLMACH, PETER L  
Address: 347 SKATE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD ( ) Delete  
Name: GRASS, SEAN P  
Address: 127 2ST AVE #4  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete  
Name: MINICLIER, SEAN O  
Address: 1157 SANDUNE LN  
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete  
Name: LEVINE, BRIAN  
Address: 127 2ST AVE #4  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BOYLE, JAMES D  
Address: 275 JOHN KNOX RD #A102  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MALD (X) Change ( ) Addition  
Name: DIMARCO, SALVATORE L  
Address: 2518 VERRATA DR.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: HM ( ) Change (X) Addition  
Name: DELEO, MATTHEW M  
Address: 607 TERRACE ST.  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES BOYLE

PD

01/23/2004

Electronic Signature of Signing Officer or Director

Date