


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90002 044 ****61.25

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| DOCUMENT # N02000006809 1. Entity Name PI ALPHA KAPPA, INC. | | | |  | |
| Principal Place of Business 475 PARK AVE BELLEAIR, FL 33756 | | | | Mailing Address 475 PARK AVE BELLEAIR, FL 33756 | |
| 2. Principal Place of Business 755 Bay Esplanade | | 3. Mailing Address 755 Bay Esplanade | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Clearwater FL | | City & State Clearwater FL | | 4. FEI Number 74-3088402 | |
| Zip 33767 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33767 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ORR, MADISON 475 PARK AVE BELLEAIR, FL 33756 | | | | 7. Name and Address of New Registered Agent Name Amanda Menna Street Address (P.O. Box Number is Not Acceptable) 755 Bay Esplanade City Clearwater FL Zip Code 33767 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Amanda Valentina Menna 6/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORTTI, CHRISTINA 1864 ALBRIGHT DRIVE CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Amanda Menna 755 Bay Esplanade Clearwater FL 33767 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRELL, JESSICA 801 RICHARDS AVE CLEARWATER, FL 33765 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Jessie Wheeley 1532 Beverly Dr. Clearwater FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORR, MADISON 475 PARK AVE BELLEAIR, FL 33756 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Allison Overcashier 901 Normandy Rd. Clearwater FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Kate Haynes 1004 Willowbranch Ave. Clearwater FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | H Ellien Sahin 1636 Parkside Dr. Clearwater FL 33756 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Amanda Valentina Menna 6/25/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

(77)447-7107