

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000009345

1. Entity Name
**THE THETA BETA FOUNDATION OF SOUTH FLORIDA,
INC.**



Principal Place of Business
**617 W LUMSDEN ROAD
BRANDON, FL 33511**

Mailing Address
**617 W LUMSDEN ROAD
BRANDON, FL 33511**



04182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-1739102

Applied F
Not Appli

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAGAN, ROBERT W
617 W LUMSDEN ROAD
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENNETT, CHARLES L
STREET ADDRESS	638 HICKORY LANE
CITY-ST-ZIP	BERWYN, PA 19312
TITLE	D
NAME	COOPERSMITH, RANDALL S
STREET ADDRESS	18908 WOODBURN ROAD
CITY-ST-ZIP	LEESBURG, VA 20175
TITLE	D
NAME	HAGAN, ROBERT W
STREET ADDRESS	4414 SWIFT CIRCLE
CITY-ST-ZIP	VALRICO, FL 33549
TITLE	D
NAME	RAULERSON, DANIEL D
STREET ADDRESS	2911 ASTON AVE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	BOWERS, RICHARD
STREET ADDRESS	11401 SUNCREEK PLACE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	TALLEY, CHARLES D JR
STREET ADDRESS	1335 OAKFIELD DR
CITY-ST-ZIP	BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan Raulerson
4/24/08

Daytime Phone #