

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000201

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: BETA ETA ALUMNI CHAPTER, INC.

**Current Principal Place of Business:**

423 W COLLEGE AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11244  
TALLAHASSEE, FL 323023244

**New Mailing Address:**

FEI Number: 20-2131741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WAHLEN, J. JEFFRY  
227 S CALHOUN ST  
TALLAHASSEE, FL 32301 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: PCD ( ) Delete  
Name: LOY, MICHAEL S  
Address: 9016 PADDOCK LN  
City-St-Zip: POTOMAC, MD 20854

Title: VD ( ) Delete  
Name: BABER, BRIAN C  
Address: 700 OHIO AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD ( ) Delete  
Name: NICHOLS, PAUL L  
Address: 138 COTILLION CIR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: CUTAJAR, CHUCK  
Address: 4220 BUTTERCUP WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: RANDOLPH, ROGER  
Address: 10024 SEYMOUR WAY  
City-St-Zip: TAMPA, FL 33626

Title: SD ( ) Delete  
Name: NIEDENTHAL, WILLIAM J  
Address: 100 MARINA REACH  
City-St-Zip: CHESAPEAKE, VA 23320

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL L NICHOLS

TD

03/29/2008

Electronic Signature of Signing Officer or Director

Date