2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N05000000201

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:	D	(X) Change ( ) Addition
Name:	KANEY, FRANK	
Address:	2510 SHOREHAM ROAD	
City-St-Zip:	ORLANDO, FL 32803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LEWIS, BRAD	
Address:	5010 SKY BLUE DRIVE	
City-St-Zip:	LUTZ, FL 33558	
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 03/22/2009

Electronic Signature of Signing Officer or Director — Date