


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000009546 1. Entity Name FLORIDA BETA THETA PI ALUMNI ASSOCIATION, INC						FILED 08 SEP 19 PM 4:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13 FRATERNITY ROW GAINESVILLE, FL 32603				Mailing Address 13 FRATERNITY ROW GAINESVILLE, FL 32603 PO BOX 141612 GAINESVILLE, FL 32614			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address PO BOX 141612 Suite, Apt. #, etc.			
City & State City: Gainesville FL				4. FEI Number 11-382-6169			
Zip 32614				Country US			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09172008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent BRASINGTON, BRIAN J 3704 SW 94TH WAY GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE 10/01/08--01019--005 **\$1.25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 12, 2008				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	DR P THOMPSON, ED <input checked="" type="checkbox"/> Delete 556 SABAL LAKE DRIVE APT 206 LONGWOOD, FL 32779			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DR GRAD FORTUNE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4232 SW 94th DR GAINESVILLE FL 32608		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR V LEPPERT, DAVID <input checked="" type="checkbox"/> Delete 6221 TRAILWOOD DRIVE PLANO, TX 75024			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL THOMPSON <input type="checkbox"/> Change <input type="checkbox"/> Addition 2090 Kennwood Grove Lane Auburndale FL 33823		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY WALLRAPP, FRED <input type="checkbox"/> Delete 8202 W FOUNTAIN BLVD TAMPA, FL 33609			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SECRETARY ERIC WICKSTROM <input type="checkbox"/> Change <input type="checkbox"/> Addition 2700 S Kanner Hwy Stuart, FL 34996		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR HOSKINS, EARL <input type="checkbox"/> Delete 4801 LANSING STREET NE ST. PETERSBURGH, FL 33703			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR MIKE KLIMAS <input type="checkbox"/> Change <input type="checkbox"/> Addition 621-Chatas CT. LAKE MARY, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Brad Fortune 9/10/08 404 391 6935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							