2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N07000009546

Entity Name: FLORIDA BETA THETA PI ALUMNI ASSOCIATION, INC

Current Principal Place of Business:

13 FRATERNITY ROW
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141612
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 11-3826169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRASINGTON, BRIAN J
3704 SW 94TH WAY
GAINESVILLE, FL 32608 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:	PD	( ) Delete
Name:	FORTUNE, BRAD	
Address:	4232 SW 94TH DR.	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	( ) Delete
Name:	THOMPSON, MICHAEL	
Address:	2090 KENNWOOD GROVE LANE	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	T	( ) Delete
Name:	WALLRAPP, FRED	
Address:	8202 W FOUNTAIN BLVD	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	HOSKINS, EARL	
Address:	4801 LANSING STREET NE	
City-St-Zip:	ST. PETERSBURGH, FL 33703	
Title:	SD	( ) Delete
Name:	WICKSTROM, ERIC	
Address:	2700 S. KANNER HWY.	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	KLIMAS, MIKE	
Address:	621 CHATAS CT.	
City-St-Zip:	LAKE MARY, FL 32746	

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: BRAD FORTUNE PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date