

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009894

FILED
Jan 22, 2010
Secretary of State

Entity Name: THE BETA NU ALUMNI GROUP, INC.

Current Principal Place of Business:

240 N. MAGNOLIA DR.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

240 N. MAGNOLIA DR.
TALLAHASSEE, FL 32301

New Mailing Address:

PO BOX 1636
LAUREL, MD 20725

FEI Number: 80-0492652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, DARYL D
240 N. MAGNOLIA DR.
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: CD
Name: SHORTER, CHRISTOPHER J
Address: PO BOX 1636
City-St-Zip: LAUREL, MD 20725

Title: TD
Name: JONES, KENNETH P
Address: 503 WYNNFIELD CIR.
City-St-Zip: ORANGE PARK, FL 32003

Title: D
Name: DAVIS, GLENN M JR.
Address: 8269 SIERRA WOODS DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D
Name: KENT, PETTIS N
Address: 10292 WILLOW DR.
City-St-Zip: LOVELAND, OH 45140

Title: D
Name: HAMEED, AKIL S
Address: 8863 GETTYSBURG DR
City-St-Zip: TWINSBURG, OH 44087

Title: D
Name: NICKSON, REGINALD J
Address: P. O. BOX 8391
City-St-Zip: MOBILE, AL 366088391

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER J. SHORTER

CD

01/22/2010

Electronic Signature of Signing Officer or Director

Date