

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09375

FILED
Apr 17, 2009
Secretary of State

Entity Name: PHI DELTA THETA CHAPTER HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

PHI DELTA THETA CHAPTER HOUSE
121 SW 13TH ST
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

C/O GUY NORRIS
253 NW MAIN BLVD.
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 59-3282583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, GUY W
253 NW MAIN BLVD.
LAKE CITY, FL 32055 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: D () Delete
Name: NORRIS, GUY
Address: PO BOX 2349
City-St-Zip: LAKE CITY, FL 32056

Title: TD () Delete
Name: POLLOCK, GEORGE JR
Address: 1715 N WESTSHORE BLVD., STE 650
City-St-Zip: TAMPA, FL 336073913

Title: CD () Delete
Name: LLOYD, ROBERT
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD () Delete
Name: THOMAS, MICHAEL J
Address: 150 WEST FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATSON, SCOTT
Address: 1314 EAST LAS OLAS BLVD. #801
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD (X) Change () Addition
Name: TYLER, BRIAN
Address: 101 RAINBOW FISH CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: VPD (X) Change () Addition
Name: BOND, ALEX
Address: 500 S. HIMES AVE. #42
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change () Addition
Name: SPIEGEL, GEOFF
Address: 1906 NW 24TH STREET
City-St-Zip: GAINESVILLE, FL 32605

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: SCOTT WATSON

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date