

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 01, 2005
Secretary of State**

DOCUMENT# N30704

Entity Name: NU BETA SIGMA CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.

Current Principal Place of Business:

8905 CASTLE BLVD.
JACKSONVILLE, FL 32208

New Principal Place of Business:

P O BOX 40882
JACKSONVILLE, FL 32203

Current Mailing Address:

P O BOX 40882
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-2958906 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARMOTRADING, GREGORY P ESQ
505 N LIBERTY STREET
JACKSONVILLE, FL 32202 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: GREGORY P ARMOTRADING

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ESTELL, REGINALD JR.
Address: 505 N. LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: GOOCH, RODERICK
Address: 7957 MACINNES DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: WRIGHT, WILLIAM
Address: 5042 CAPE ROMAIN COURT
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD () Delete
Name: CLAYTON, PRENTIS III
Address: 3856 FERNGLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REGINALD ESTELL

Electronic Signature of Signing Officer or Director

VPD

12/01/2005

Date