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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45545 (3)

1. Corporation Name

THETA PHI ALPHA, INC.



Principal Place of Business

Mailing Address

FLORIDA ATLANTIC UNIVERSITY  
DEAN OF STUDENT AFFAIRS OFFICE  
BOCA RATON FL 33431FLORIDA ATLANTIC UNIVERSITY  
DEAN OF STUDENT AFFAIRS OFFICE  
BOCA RATON FL 334313. Date Incorporated or Qualified  
10/09/19913a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0284010

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAREN, REBECCA DIXON  
9833 SW 221ST ST  
MIAMI FL 33190

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME RUSSELL, HOLLY  
STREET ADDRESS FAU DEAN OF STUDENT AFFAIRS OFFICE  
CITY-ST-ZIP BOCA RATON FLTITLE VD ☒ DELETE  
NAME JUSTICE, KRISTEN  
STREET ADDRESS FAU, DEAN OF STUDENT AFFAIRS OFFICE  
CITY-ST-ZIP BOCA RATON FLTITLE TD ☒ DELETE  
NAME HOEKZEMA, DEBBIE  
STREET ADDRESS FAU, DEAN OF STUDENT AFFAIRS OFFICE  
CITY-ST-ZIP BOCA RATON FLTITLE SD ☒ DELETE  
NAME SNIEGUCKI, CATHY  
STREET ADDRESS FAU DEAN OF STUDENT AFFAIRS OFFICE  
CITY-ST-ZIP BOCA RATON FLTITLE DC ☐ DELETE  
NAME MCLAREN, REBECCA DIXON  
STREET ADDRESS FAU DEAN OF STUDENT AFFAIRS  
CITY-ST-ZIP BOCA RATON FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME HOEKZEMA, DEBBIE  
1.3 STREET ADDRESS FAU DEAN OF STUDENT AFFAIRS OFFICE  
1.4 CITY-ST-ZIP BOCA RATON, FL2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME PORTER, MICHEL  
2.3 STREET ADDRESS FAU, DEAN OF STUDENT AFFAIRS OFFICE  
2.4 CITY-ST-ZIP BOCA RATON, FL3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME PARSONS, JULIE  
3.3 STREET ADDRESS FAU, DEAN OF STUDENT AFFAIRS OFFICE  
3.4 CITY-ST-ZIP BOCA RATON FL4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME JUSTICE, KRISTEN  
4.3 STREET ADDRESS FAU, DEAN OF STUDENT AFFAIRS OFFICE  
4.4 CITY-ST-ZIP BOCA RATON, FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078834

CR2E037 (9/96)

JULIE PARSONS Jan 21, 1997 (954) 346-2129