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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45545

1. Corporation Name

THETA PHI ALPHA, INC.

Principal Place of Business

FLORIDA ATLANTIC UNIVERSITY
DEAN OF STUDENT AFFAIRS OFFICE
BOCA RATON FL 33431

Mailing Address

FLORIDA ATLANTIC UNIVERSITY
DEAN OF STUDENT AFFAIRS OFFICE
BOCA RATON FL 33431



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/09/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0284010

☒ Applied For
☐ Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

Zip Country

Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 **PARSONS, JULIE**
STREET ADDRESS **FAU, DEAN OF STUDENT AFFAIRS OFFICE**
CITY-ST-ZIP **BOCA RATON FL 33431**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **LACOURGIERE, MICHELE**
STREET ADDRESS **FAU, DEAN OF STUDENT AFFAIRS OFFICE**
CITY-ST-ZIP **BOCA RATON FL 33431**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **RYBAR, AMY**
STREET ADDRESS **FAU DEAN OF STUDENT AFFAIRS**
CITY-ST-ZIP **BOCA RATON FL 33431**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DC** ☐ DELETE
NAME **MCLAREN, REBECCA DIXON**
STREET ADDRESS **FAU, DEAN OF STUDENT AFFAIRS OFFICE**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE *Kimberly J. Reilly* ☐ DELETE
NAME *FAU Dean of Students*
STREET ADDRESS *Boca Raton, FL*
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/99

CR2E037 (11/98)