

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49764

FILED
May 04, 2009
Secretary of State

Entity Name: ALPHA EPSILON CHAPTER OF PI KAPPA PHI, INC.

Current Principal Place of Business:

11 FRATERNITY ROW
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

11 FRATERNITY ROW
GAINESVILLE, FL 32603 US

New Mailing Address:

660 BAY LAUREL CT. NE
ST. PETERSBURG, FL 33703 US

FEI Number: 59-0621369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRISON, CRAIG
4330 NW 22ND TERRACE
GAINESVILLE, FL 32605 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: P () Delete
Name: SLESNICK, DONALD D III
Address: 1250 MENDAVIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: TAGALAKIS, TED
Address: 9925 HAYNES BRIDGE ROAD., SUITE 200-105
City-St-Zip: ALPHARETTA, GA 30022

Title: S () Delete
Name: MARAVENT, BRAM
Address: 2421 NW 7TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: HANCOCK, TIM
Address: 660 BAY LAUREL CT. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MEIS, ROB
Address: 10974 NW 61 CT
City-St-Zip: PARKLAND, FL 33076

Title: S (X) Change () Addition
Name: MARAVENT, BRAM
Address: 9463 SAVANNAH ESTATES DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM HANCOCK

T

05/04/2009

Electronic Signature of Signing Officer or Director

Date