

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001309 (4)

1. Corporation Name

CHI XI CHAPTER OF BETA SIGMA PHI, INC.



Principal Place of Business

Mailing Address

~~99351 OVERSEAS HIGHWAY~~  
~~KEY LARGO FL 33037~~

~~P.O. BOX 2812~~ 16 So. Blackwater Ln.  
KEY LARGO FL 33037

3. Date Incorporated or Qualified  
03/23/1993

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Chi Xi Chapt. of Beta Sigma Phi, Inc.  
Suite, Apt. #, etc.

22 16 So. Blackwater Ln.

27 Suite, Apt. #, etc.

23 City & State

City & State

24 Key Largo, FL

28 City & State

25 Zip

Country

29 Zip

Country

26 33037

27 USA

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMES, TIMOTHY N  
99198 OVERSEAS HIGHWAY  
SUITE 8  
KEY LARGO FL 33037

81 Name

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

83 300001873683

84 City

06/24/96 01054-029  
\*\*\*61.25

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

TITLE D  
NAME BAUER, MARILYN W  
STREET ADDRESS 96030 OVERSEAS HIGHWAY  
CITY-ST-ZIP KEY LARGO FL 33037 ☒ DELETE

TITLE D President  
NAME NORTHUP, ANNE  
STREET ADDRESS 4 SEXTONWAY  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE T Treasurer  
NAME PRINCE, VICKI  
STREET ADDRESS 16 S BLACKWATER LANE  
CITY-ST-ZIP KEY LARGO FL ☐ DELETE

TITLE D  
NAME WEEKS, MARLEN  
STREET ADDRESS 20 ATLANTIC BLVD  
CITY-ST-ZIP KEY LARGO FL 33037 ☒ DELETE

TITLE S  
NAME ST. JAMES, MARGARET  
STREET ADDRESS 422 4TH RD  
CITY-ST-ZIP KEY LARGO FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D Vice President  
1.2 NAME Elsa Heroux  
1.3 STREET ADDRESS 1040 Adams Dr.  
1.4 CITY-ST-ZIP Key Largo, FL 33037 ☐ Change ☒ Addition

2.1 TITLE D Sec.  
2.2 NAME Annette Gregis  
2.3 STREET ADDRESS 422 Laguna Ave.  
2.4 CITY-ST-ZIP Key Largo, FL 33037 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME Vicki Smith  
3.3 STREET ADDRESS 18 Exuma Rd.  
3.4 CITY-ST-ZIP Key Largo, FL 33037 ☐ Change ☒ Addition

4.1 TITLE T Anna  
4.2 NAME meeler  
4.3 STREET ADDRESS 48 N. marlin Ave.  
4.4 CITY-ST-ZIP Key Largo, FL 33037 ☐ Change ☒ Addition

5.1 TITLE T  
5.2 NAME mili Spink  
5.3 STREET ADDRESS 941 S. Topaz  
5.4 CITY-ST-ZIP Key Largo, FL 33037 ☐ Change ☒ Addition

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Vicki L. Prince Vicki L. Prince

2-28-96 305-451-3106  
Date Daytime Phone #

CR2E037 (12/95)