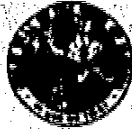


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 11:42

DOCUMENT # **N93000001705 (3)**

1. Corporation Name

THETA XI ALUMNI CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 0082
MELBOURNE FL 32902-0082

P O BOX 0082
MELBOURNE FL 32902-0082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

03/25/1994

4. FEI Number

59-3198716

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESTIVO, CARMEN C
1835 GLENCOVE AVE NORTH W
PALM BAY FL 32907

81 Name

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

1211 Giralda Circle NW

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

PD

NAME

ANRELLO, MACHAEL T

STREET ADDRESS

193 CONNECTICAT AVE.

CITY - ST - ZIP

NEIRGTON CT 0611

TITLE

TD

NAME

RESTIRO, CARMEN C

STREET ADDRESS

1835 GLENCOVE AVE. N.W.

CITY - ST - ZIP

PALM BAY FL 32907

TITLE

SD

NAME

WELCH, KEVEN

STREET ADDRESS

150 W. UNION BLVD.

CITY - ST - ZIP

P.O. BOX 6232 FL 32904

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SD

Michael T. Anello

☒ Change ☐ Addition

1.2 NAME

225 S. Tropical Trail Apt 211

1.3 STREET ADDRESS

Merritt Island, FL 32952

1.4 CITY - ST - ZIP

2.1 TITLE

TD

2.2 NAME

Carmen C. Restivo

☒ Change ☐ Addition

2.3 STREET ADDRESS

1211 Giralda Circle NW

2.4 CITY - ST - ZIP

Palm Bay FL 32907

3.1 TITLE

PD

3.2 NAME

Charles Wendling

☐ Change ☒ Addition

3.3 STREET ADDRESS

150 W University Blvd Box 5458

3.4 CITY - ST - ZIP

Melbourne, FL 32901

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Carmen C. Restivo / Treasurer

Date

Daytime Phone #