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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001705 (3)**

1. Corporation Name
THETA XI ALUMNI CORPORATION

Principal Place of Business	Mailing Address
P O BOX 0062 MELBOURNE FL 32902-0062	P O BOX 0062 MELBOURNE FL 32902-0062

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RESTIVO, CARMEN C 1635 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☑ Change ☐ Addition
NAME	ANRELLO, MACHAEL T	1.2 NAME	Michael T. Anello	
STREET ADDRESS	193 CONNECTICAT AVE.	1.3 STREET ADDRESS	225 S. Tropical Trail Apt 211	
CITY-ST-ZIP	NEIRGTON CT 0611	1.4 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	TD	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	RESTIRO, CARMEN C	2.2 NAME	Carmen C. Restivo	
STREET ADDRESS	1635 GLENCOVE AVE. N.W.	2.3 STREET ADDRESS	1211 Giralda Circle NW	
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	SD	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	WELCH, KEVEN	3.2 NAME	Charles Wendling	
STREET ADDRESS	150 W. UNION BLVD.	3.3 STREET ADDRESS	150 W University Blvd Box5458	
CITY-ST-ZIP	P.O. BOX 6232 FL 32904	3.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Carmen C. Restivo /Treasurer 2-12-95 407-984-1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038107