

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # N93000001705 (3)

1. Corporation Name

THETA XI ALUMNI CORPORATION



Principal Place of Business

Mailing Address

P O BOX 0082
MELBOURNE FL 32902-0082

P O BOX 0082
MELBOURNE FL 32902-0082

3. Date Incorporated or Qualified

04/15/1993

4. FEI Number

59-3198716

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDLING, CHARLES F
7341 GLENWOOD ROAD
COCOA FL 32927

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME ANELLO, MICHAEL T.
STREET ADDRESS 225 S. TROPICAL TRIAL APT 211
CITY-ST-ZIP MERRITT ISLAND FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ANELLO, MICHAEL T.
1.3 STREET ADDRESS 225 S. TROPICAL TRIAL #211
1.4 CITY-ST-ZIP MERRITT ISLAND, FL

TITLE ☒ DELETE

NAME RESTIVO, CARMEN C.
STREET ADDRESS 1211 GIRALDA CIRCLE NW
CITY-ST-ZIP PALM BAY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME WENDLING, CHARLES
STREET ADDRESS 7341 GLENWOOD ROAD
CITY-ST-ZIP COCOA FL 32927

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME TARBOX, NATE
STREET ADDRESS 7341 GLENWOOD ROAD
CITY-ST-ZIP COCOA FL 32927

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME TARBOX, NATE
4.3 STREET ADDRESS 2210 S FRONT ST
4.4 CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ DELETE

NAME BOETMAN, SCOTT
STREET ADDRESS 915 SE 18TH STREET TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)