

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N93000004805 (8)**

1. Corporation Name

**BETA SIGMA PHI OF LABELLE, INC.**

100001491831  
-05/17/95--01142--012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4088 RAINBOW CIRCLE LABELLE FL 33935		4088 RAINBOW CIRCLE LABELLE FL 33935	

3. Date Incorporated or Qualified <b>10/18/1993</b>	3a. Date of Last Report <b>06/16/1994</b>
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4. FEI Number <b>65-0490216</b>	Applied For
	Not Applicable

2. Principal Place of Business	2a. Mailing Address
<b>21</b>	<b>28</b>

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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City & State	City & State
<b>23</b>	<b>28</b>

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
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Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**CHIPMAN, VICKI**  
**4088 RAINBOW CIRCLE**  
**LABELLE FL 33935**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 *Wicki S. Chipman* *Vicki S. Chipman* *4-6-95*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DS</b>
NAME	<b>FINKS, GERI</b>
STREET ADDRESS	<b>P.O. BOX 98 N/A</b>
CITY - ST - ZIP	<b>LABELLE FL 33935</b>
TITLE	<b>DP</b>
NAME	<b>GREENLEAF, MEGAN</b>
STREET ADDRESS	<b>471 N. LEE ST.</b>
CITY - ST - ZIP	<b>LABELLE FL 33935</b>
TITLE	<b>DT</b>
NAME	<b>LYONS, LINDA</b>
STREET ADDRESS	<b>380 BELMONT</b>
CITY - ST - ZIP	<b>LABELLE FL 33935</b>
TITLE	<b>DV</b>
NAME	<b>GREISINGER, JANE</b>
STREET ADDRESS	<b>690 CALOOSA ESTATES DR.</b>
CITY - ST - ZIP	<b>LABELLE FL 33935</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*JMS*  
*5-1-95*

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: *Gerri Finks* *4-6-95* *675-2297*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)