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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:22

DOCUMENT # N93000005533 (5)

1. Corporation Name
BETA TAU CHAPTER HOUSE CORPORATION OF SIGMA KAPP A SORORITY

Principal Place of Business
1108 E PANHELLENIC DR
GAINESVILLE FL 32601

Mailing Address
5404 ALLIGATOR LAKE RD
ST CLOUD FL 34772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1993
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-3189916 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

DUERK, CAROLE D
5404 ALLIGATOR LAKE RD
ST CLOUD FL 34772

10. Name and Address of New Registered Agent

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 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 Carole D. Duerk
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 2/6/1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	EMMETT, DORIS D	1.2 NAME	
STREET ADDRESS	798 NE 33RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, PHYLLIS S	2.2 NAME	
STREET ADDRESS	4141 NW 68TH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DODD, MARGARET M	3.2 NAME	
STREET ADDRESS	9476 BALSA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DUERK, CAROLE D	4.2 NAME	
STREET ADDRESS	5404 ALLIGATOR LAKE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34772	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LATHORP, KATHERINE D	5.2 NAME	
STREET ADDRESS	51 CATHERINE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL 33827	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: Carole D. Duerk [Carole D. Duerk] 2/1/95 (407)957-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000424