

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSFILED
May 27 1997 8:00am
Secretary of State**DOCUMENT # N93000005533 (5)**

1. Corporation Name

**BETA TAU CHAPTER HOUSE CORPORATION OF SIGMA KAPP
A SORORITY**

Principal Place of Business

Mailing Address

1108 E PANHELLENIC DR
GAINESVILLE FL 326019475 SW 116TH ST.
MIAMI FL 33176-4231
US3. Date Incorporated or Qualified
12/02/19933a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **107 Hazel Blvd**4. FEI Number
59-3189916Applied For
Not Applicable

22 City & State

27 City & State
Sanford FL5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

23 Zip

28 Zip
327736. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 Country

29 Country
USA8. 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

LAIR, JOSEPHINE T.
9475 SW 116TH ST.
MIAMI FL 3317681 Name **Andrea Tolbert**
82 Street Address (P.O. Box Number Is Not Acceptable)
107 Hazel Blvd
83
84 City **Sanford** **FL** 85 Zip Code **32773**

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 **Andrea Tolbert**
Signature, typed or printed name of registered agent and title if applicable.**Andrea Tolbert**
(NOTE: Registered Agent signature required when reinstating)**3/25/97**
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **EMMETT, DORIS D**
STREET ADDRESS **798 NE 33RD ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Bridget Derr**
1.3 STREET ADDRESS **152 Wildwood Dr**
1.4 CITY-ST-ZIP **Sanford FL 32773**TITLE **D** ☒ DELETE
NAME **GARRETT, PHYLLIS S**
STREET ADDRESS **4141 NW 68TH DR**
CITY-ST-ZIP **GAINESVILLE FL 32606**2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Connie Aquilera**
2.3 STREET ADDRESS **8516 SW 45th Blvd.**
2.4 CITY-ST-ZIP **Gainesville, FL 32608**TITLE **D** ☒ DELETE
NAME **DODD, MARGARET M**
STREET ADDRESS **9476 Balsa Ct**
CITY-ST-ZIP **SANIBEL FL 33957**3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **Shelia McGrady**
3.3 STREET ADDRESS **10023 Belle Rize Blvd, Apt. 1106**
3.4 CITY-ST-ZIP **Jacksonville, FL 32256**TITLE **D** ☒ DELETE
NAME **LAIR, JOSEPHINE T.**
STREET ADDRESS **9475 SW 116 ST.**
CITY-ST-ZIP **MIAMI FL**4.1 TITLE **Chapter Liaison** ☐ Change ☐ Addition
4.2 NAME **Mary Plunkett**
4.3 STREET ADDRESS **300 Nw 18th St #10**
4.4 CITY-ST-ZIP **Gainesville, FL 32603**TITLE **D** ☒ DELETE
NAME **MILLER, JENNY-ELLEN**
STREET ADDRESS **1020 GANDY BLVD. N., #411**
CITY-ST-ZIP **ST. PETERSBURG FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **Sara Chavez**
5.3 STREET ADDRESS **1108 E. Panhellenic Dr.**
5.4 CITY-ST-ZIP **Gainesville, FL 32601**TITLE **D** ☒ DELETE
NAME **CATER, KRISTIN M.**
STREET ADDRESS **P.O. BOX 141352**
CITY-ST-ZIP **GAINESVILLE FL**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **Heather Holland**
6.3 STREET ADDRESS **1108 E. Panhellenic Dr.**
6.4 CITY-ST-ZIP **Gainesville, FL 32601**

14. I do 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: **Andrea Tolbert**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/25/97**
Date**407-321-3844**
Daytime Phone # **0032086**

CR2E037 (9/96)