2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005533

FILED Jan 25, 2006 Secretary of State

Entity Name: BETA TAU CHAPTER HOUSE CORPORATION OF SIGMA KAPPA SORORITY

Current Principal Place of Business: New Principal Place of Business:

1108 E PANHELLENIC DR GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

SIGMA KAPPA NHC 8733 FOUNDERS RD INDIANAPOLIS, IN 46268 US

FEI Number: 59-3189916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, SHERRI L 2532 PARMA ST.

SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

10144 BOYNTON PLANCE CIRCLE

BOYNTON BEACH, FL 33437

KELTON, GWYNNEE

(X) Change () Addition

(X) Change () Addition

() Delete KELTON, GWYNNEE Name: 2690A ALBATROSS RD., NORTH Address: City-St-Zip: DELRAY BEACH, FL 33444

Title: Title: () Delete BRUN, DANIELLE Name: PIERSON, LAUREN Name: Address: 114 ROWLAND RD Address: 11834 PINE TIMBER LN City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: FORT MYERS, FL 33913

Title: SD () Delete Title: SD (X) Change () Addition NEMEC, JESSICA BARNETT, LISA Name: Name:

2725 SW 27TH AVE., APT R-3 5521 JENKINS LOOP Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

() Change () Addition Title: () Delete Title:

Name: JOHNSON, SHERRI Name: 2532 PARMA ST. Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

STOVER, MISSY VELAZQUEZ, KAREN Name: Name: 9009 WESTERN LAKE DR. #601 10002 SW 75 WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA RUSSELL ED 01/25/2006