2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# N93000005533

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

Current Principal Place of Business:

1108 E PANHELLENIC DR
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

SIGMA KAPPA NHC
8733 FOUNDERS RD
INDIANAPOLIS, IN 46268 US

New Mailing Address:

FEI Number: 59-3189916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, SHERRI L
2532 PARMA ST.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELTON, GWYNNEE
Address: 10144 BOYNTON PLANCE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete
Name: PIERSON, LAUREN
Address: 11834 PINE TIMBER LN
City-St-Zip: FORT MYERS, FL 33913

Title: SD (X) Delete
Name: BARNETT, LISA
Address: 5521 JENKINS LOOP
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: JOHNSON, SHERRI
Address: 2532 PARMA ST.
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Delete
Name: VELAZQUEZ, KAREN
Address: 10002 SW 75 WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STOVER, MISSY
Address: 4323 MORNING DOVE DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAANNE MORRIS ED 05/28/2008
Electronic Signature of Signing Officer or Director — Date