

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90001 028 \*\*\*61.25

**DOCUMENT # N95000000687**

1. Entity Name  
**ALPHA TAU CHAPTER OF ALPHA EPSILON PHI  
SORORITY, INC.**



Principal Place of Business  
**832 W PANHELLENIC DR  
GAINESVILLE, FL 32601 US**

Mailing Address  
**206 NW 32 ST  
GAINESVILLE, FL 32607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLICKSBERG, JOYCE  
206 NW 32 ST  
GAINESVILLE, FL 32607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PROCTOR, BESSIE  
STREET ADDRESS 2235 NW 9 PL  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE *PD* ☒ Change ☐ Addition  
NAME *Bessie Proctor*  
STREET ADDRESS *3755 Peachtree Rd N.E, Apt 1115*  
CITY-ST-ZIP *Atlanta, GA 30319*

TITLE VD ☐ Delete  
NAME BITTON, NANCY  
STREET ADDRESS 2616 NW 21 ST  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME GLICKSBERG, JOYCE  
STREET ADDRESS 206 NW 32 ST  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce Glicksberg* **JOYCE GLICKSBERG** *April 4, 2006* **(352) 372-4465**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DePhone #