

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 020 ****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 - No P.O. Box #		3. Mailing Address 10942 NW 33 rd Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Gainesville Florida			
Zip	Country	32606	USA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLICKSBERG, JOYCE 206 NW 32 ST GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name <u>Marcia Greenberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>10942 NW 33rd Place</u> City <u>Gainesville</u> FL Zip Code <u>32606</u>		
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 <u>Marcia Greenberg</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME PROCTOR, BESSIE	<input type="checkbox"/> Delete	TITLE PRES.	NAME Julie WALDMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3755 PEACHTREE RD NE APT 1115	CITY-ST-ZIP ATLANTA, GA 30319		STREET ADDRESS 1621 NE Waldo Rd.	CITY-ST-ZIP Gainesville, FL 32609	
TITLE VD	NAME BITTON, NANCY	<input type="checkbox"/> Delete	TITLE VICE PRES.	NAME JOYCE GLICKSBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2616 NW 21 ST	CITY-ST-ZIP GAINESVILLE, FL 32605		STREET ADDRESS 206 NW 32nd ST	CITY-ST-ZIP Gainesville FL 32607	
TITLE STD	NAME GLICKSBERG, JOYCE	<input type="checkbox"/> Delete	TITLE Secy	NAME Jeannie Babroff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 206 NW 32 ST	CITY-ST-ZIP GAINESVILLE, FL 32607		STREET ADDRESS 1324 NW 16 th AVE. #55	CITY-ST-ZIP Gainesville FL 32605	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE TREAS.	NAME MARCIA GREENBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 10942 NW 33 rd Place	CITY-ST-ZIP Gainesville FL 32606	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: <u>Marcia Greenberg</u>			DATE <u>3/20/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		