

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004411 (3)**

1. Corporation Name

**BETA ETA SIGMA NATIONAL HONORARY, INC.**

Principal Place of Business

Mailing Address

**145 TIGERT HALL  
UNIV OF FLA. BOX 113050  
GAINESVILLE FL 32611**

**145 TIGERT HALL  
UNIV OF FLA. BOX 113050  
GAINESVILLE FL 32611**

**FILED**  
**Sep 17 1997 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/13/1995** 3a. Date of Last Report **10/07/1996**

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JACQUELYN D  
145 TIGERT HALL, UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **HART, JACQUELYN D PH.D.**  
STREET ADDRESS **1236 S.E. 13TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32602**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SCOTT, JAMES E PH.D.**  
STREET ADDRESS **821 MASTERS DRIVE**  
CITY-ST-ZIP **STONE MOUNTAIN GA 30087**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PARKER, AVA LORA**  
STREET ADDRESS **352 TIGERT HALL, UNIVERSITY OF FLORIDA**  
CITY-ST-ZIP **GAINESVILLE FL 32611**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HILLIARD, QUINCY C PH.D.**  
STREET ADDRESS **104 BRICKERTON**  
CITY-ST-ZIP **LAFAYETTE LA 70508-7729**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **WILSON, ANITRA CURLEY PH.D.**  
STREET ADDRESS **1555 DELANEY DRIVE, APT. 1406**  
CITY-ST-ZIP **TALLAHASSEE FL 32308-3471**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FOUNTAIN, JUANITA C PH.D.**  
STREET ADDRESS **352 TIGERT HALL, UNIVERSITY OF FLORIDA**  
CITY-ST-ZIP **GAINESVILLE FL 32611**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

**SIGNATURE REQUIRED**

**09-11-97**

CR2E037 (4/97)