

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001294

FILED
Mar 23, 2009
Secretary of State

Entity Name: PI BETA BETA FOUNDATION, INC.

Current Principal Place of Business:

106 133 STREET EAST
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

P O BOX 1902
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 65-0741184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JOSEPH L
106 133RD ST. EAST
BRADENTON, FL 34212 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: VD () Delete
Name: COFER, MALCOLM
Address: 6016 CEDAR WOOD LANE
City-St-Zip: BRADENTON, FL 34203

Title: PD () Delete
Name: ROBISON, LOUIS
Address: 3935 TRENTWOOD PLACE
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: BROWN, JAMES
Address: 2439 WALKER CIR.
City-St-Zip: SARASOTA, FL 34234

Title: TD () Delete
Name: THOMPSON, JOSEPH L
Address: 106 133 STREET EAST
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GOLDEN, JAMES
Address: 311 10TH AVE DRIVE WEST
City-St-Zip: BRADENTON, FL 34205

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: JOSEPH L. THOMPSON

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date