

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003380

FILED
Jun 29, 2009
Secretary of State

Entity Name: BETA PI OF KD HOUSE CORP.

Current Principal Place of Business:

1122 E. PANHELLENIC DR.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

4632 NW 56TH DRIVE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-6139328 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:

KLODELL, CINDY
9618 SW 34TH LANE
GAINESVILLE, FL 32608 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: D () Delete
Name: KLODELL, CINDY
Address: 9618 SW 34TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: DT () Delete
Name: LING, LUCY
Address: 4632 NW 56TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SCOTT, SALLY
Address: 7821 NW 51ST DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Delete
Name: EVANS, NANCY
Address: 2516 NW 20TH STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUCY LING

DT

06/29/2009

Electronic Signature of Signing Officer or Director

Date