

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004598

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** BETA THETA PI HOUSING CORPORATION, ZETA BETA CHAPTER

**Current Principal Place of Business:**

704 BROOKER RIDGE CT  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 271605  
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number:** 59-3474099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEEM, J. CHRISTOPHER  
704 BROOKER RIDGE CT  
BRANDON, FL 33511 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: VEIT, TOM A  
Address: 11310 LINARBOR PL  
City-St-Zip: TEMPLE TERRACE, FL

Title: DP ( ) Delete  
Name: SCHMIDT, DAVID E  
Address: 2421 FOX FOREST DR  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: STEPHEN, JOHNSTON II  
Address: 17918 BAHAMA ISLE  
City-St-Zip: TAMPA, FL 33647

Title: DT ( ) Delete  
Name: CHRISTIAN, GONTAREK  
Address: 22257 E. HINSDALE AVE  
City-St-Zip: AURORA, CO 80016

**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: DAVID SCHMIDT

DP

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date