

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009053

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC8152941821**

**Entity Name:** ZETA KAPPA CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.

**Current Principal Place of Business:**

3700 SW 27TH ST  
E203  
GAINESVILLE, FL 32608

**Current Mailing Address:**

P.O. BOX 12722  
GAINESVILLE, FL 32604

**FEI Number: 80-0909588**

**Certificate of Status Desired: No**

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

AZEEM, RYAN  
3700 SW 27TH ST  
E203  
GAINESVILLE, FL 32608 US

*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

**Officer/Director Detail :**

Title P  
Name EUGENE, JAMES  
Address P.O. BOX 12722  
City-State-Zip: GAINESVILLE FL 32604

Title AVP  
Name MCMILLAN, KHAALID  
Address P.O. BOX 12722  
City-State-Zip: GAINESVILLE FL 32604

Title VPMD  
Name HAUGABOOK, CHRISTOPHER  
Address P.O. BOX 12722  
City-State-Zip: GAINESVILLE FL 32604

Title TREA  
Name AZEEM, RYAN  
Address P.O. BOX 12722  
City-State-Zip: GAINESVILLE FL 32604

Title R.S.  
Name JACKSON, LANCE  
Address P.O. BOX 12722  
City-State-Zip: GAINESVILLE FL 32604

Title C.S.  
Name HALFORD, HECTOR  
Address P.O. BOX 12722  
City-State-Zip: GAINESVILLE FL 32604

*I hereby 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 all other like empowered.*

**SIGNATURE: RYAN AZEEM**

**TREASURER**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date