

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810440

Entity Name: PHI-BETA-PSI

Current Principal Place of Business:

C/O KATHY STEWART
718 WEGER AVENUE
ELIDA, OH 45807

FILED
Jan 02, 2015
Secretary of State
CC8711580788

Current Mailing Address:

C/O KATHY STEWART
718 WEGER AVENUE
ELIDA, OH 45807 US

FEI Number: 31-6043811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDY, MAXWELL
1048 GROUSE WAY
VENICE, FL 34285 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 PRES
Name STEWART, KATHY
Address 718 WEGER AVENUE
City-State-Zip: ELIDA OH 45807

Title 1VP
Name MATSON, JAN
Address 16698 IREDALE PATH
City-State-Zip: LAKEVILLE MN 55044

Title 2VP
Name MATSON, JAN
Address 16698 IREDALE PATH
City-State-Zip: LAKEVILLE MN 55044

Title SECY
Name SAMPSON, JUDY
Address 314 N. MARKET STREET
City-State-Zip: VAN WERT OH 45891

Title EDITOR
Name LAPOLE, JO
Address 531 VASTO DR.
City-State-Zip: VENICE FL 34285

Title TREA
Name SPENCER, JOY
Address 814 MICHIGAN AVENUE
City-State-Zip: SELLERSBURG IN 47172

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: KATHY STEWART _____

PRESIDENT

01/02/2015

Electronic Signature of Signing Officer/Director Detail

Date