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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737813 (6)

1. Corporation Name

PHI DELTA KAPPA, LAMBDA CHAPTER, INC.



Principal Place of Business

Mailing Address

8305 N. BLOSSOM AVE.
P. O. BOX 15002
TAMPA FL 33684
US

PHI DELTA KAPPA LAMBDA
CHAPTER, INC. P.O. BOX 15002
TAMPA FL 33684-5002
US

3. Date Incorporated or Qualified
01/12/1977

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6178275

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNN, CLARK
2522 CHAPEL WAY
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503 Florida Statutes.

SIGNATURE CLARK GUNN

Clark Gunn

4-27-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D WOLF, HOMER
STREET ADDRESS 10206 EXPLORER COURT
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME D STEVEN P INGRAM
1.3 STREET ADDRESS 807 E NORTH BAY ST
1.4 CITY-ST-ZIP TAMPA FL 33603

TITLE DELETE
NAME D BATES, JAMES
STREET ADDRESS 11862 NORTHTRAIL AVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME D GEORGE FISCHER
2.3 STREET ADDRESS 328 BASS CT GUNN ADR VZLAGE
2.4 CITY-ST-ZIP OLDSMAR FL 34677

TITLE DELETE
NAME D GUNN, CLARK
STREET ADDRESS 2522 CHAPEL WAY
CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
000002194950
-05/29/97--01078--021
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN P INGRAM

STEVEN P INGRAM
4/27/97
1-813-886-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0049292

CR2E037 (9/96)