


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 028 ****61.25

DOCUMENT # 737813					
1. Entity Name PHI DELTA KAPPA FRATERNITY, FLORIDA ALPHA-LAMBDA CHAPTER, INC.					
Principal Place of Business 11301 PHI DELT WAY ODESSA, FL 33556 US			Mailing Address 11301 PHI DELT WAY ODESSA, FL 33556 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6178275	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIEKER, DAVID 2621 LAMPLIGHTER DR NEW PORT RICHEY, FL 34655			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMER, WOLF		NAME	Edgar Taylor	
STREET ADDRESS	10206 EXPLORER CT		STREET ADDRESS	28423 Great Bend Pl	
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEKER, DAVID		NAME	George Taylor	
STREET ADDRESS	2621 LAMPLIGHTER DR.		STREET ADDRESS	2854 Mingo Way	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP	Land O Lakes, FL 34638	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RUSSELL		NAME		
STREET ADDRESS	8421 STILLBROOK AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>David Rieker</i>		David Rieker		2/1/06 727-375-9195	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	