

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90184 018 ****61.25

DOCUMENT # 737813

1. Entity Name

**PHI DELTA KAPPA FRATERNITY, FLORIDA ALPHA-LAMBDA
CHAPTER, INC.**



Principal Place of Business

**8306 N. BLOSSOM AVE.
TAMPA FL 33684
US**

Mailing Address

**P.O. BOX 46805
TAMPA FL 33647-0107
US**

90006383



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

11301 PHI DELTA WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

ODESSA, FL

City & State

4. FEI Number **59-6178275**

Applied For

Not Applicable

Zip

33556

Country

PASCO

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID, RICKER
2621 LAMPLIGHTER DR
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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** Delete
NAME **TAYLOR, EDGAR C**
STREET ADDRESS **28423 GREAT BEND PL**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D** Change Addition
NAME **KENNETH CARTER**
STREET ADDRESS **11866 NORTH TRAIL AVE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** Delete
NAME **RIEKER, DAVID**
STREET ADDRESS **2621 LAMPLIGHTER DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34665**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **DAVENPORT, BILL**
STREET ADDRESS **15936 WINDING DR**
CITY-ST-ZIP **TAMPA FL 33624-1577**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: **KENNETH CARTER**

KENNETH CARTER

1/16/03 (813) 983-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)