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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745184

1. Corporation Name
BETA BETA LAMBDA CHAPTER OF ALPHA PHI ALPHA FRATERNITY, INC.

Principal Place of Business: 6031 NW 201 LANE MIAMI FL 33015
 Mailing Address: 6031 NW 201 LANE MIAMI FL 33015



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/11/1978
22	City & State	City & State	4. FEI Number
			59-1898023
23	Zip	Country	5. Certificate of Status Desired
			<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	Country	6. Election Campaign Financing
			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBINSON, LONNIE 6031 NW 201 LANE MIAMI FL 33015		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DUVAL, EARL	1.2 NAME	GORDON MURRAY
STREET ADDRESS	6275 NW 201 LANE	1.3 STREET ADDRESS	14327 N.W. GARDEN DR.
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	MIAMI, FL 33168
TITLE	TD	2.1 TITLE	TD
NAME	ROBINSON, LONNIE	2.2 NAME	LONNIE ROBINSON
STREET ADDRESS	6031 NW 201 LANE	2.3 STREET ADDRESS	6031 NW 201 LANE
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	PD	3.1 TITLE	PD
NAME	GAY, GREGORY D	3.2 NAME	LANDRY ALEXANDER
STREET ADDRESS	269 NW 7 ST. STE 421	3.3 STREET ADDRESS	6333 N.W. 180 TERRACE
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	PD	4.1 TITLE	PD
NAME	GLENN, EARL	4.2 NAME	AJIBOLA BALOGUN
STREET ADDRESS	8181 SW 192 ST	4.3 STREET ADDRESS	15150 S.W. 166TH STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33187
TITLE	PD	5.1 TITLE	PD
NAME	MURRAY, GORDON	5.2 NAME	VINCENT BURNETT
STREET ADDRESS	2820 NW 135TH ST.	5.3 STREET ADDRESS	2200 S.W. 120TH AVENUE
CITY-ST-ZIP	OPA LOCKA FL 33054	5.4 CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	PD	6.1 TITLE	PD
NAME	ALUKO, OLA	6.2 NAME	WILLIAM ROBERSON
STREET ADDRESS	12340 S.W. 26TH ST.	6.3 STREET ADDRESS	4340 S.W. 152ND AVENUE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIRAMAR, FL 33027

14. 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 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, with all other like empowered.

SIGNATURE: Lonnie Robinson / LONNIE ROBINSON 2/10/99 (305) 594-5768

CR2E037 (1/198)