

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90039 007 \*\*\*\*61.25

**DOCUMENT # 745184**

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



Principal Place of Business  
**1056 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026**

Mailing Address  
**P.O. BOX 510027  
MIAMI, FL 33151**

4000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1898023**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, LONNIE  
1056 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 PD ☐ Delete  
NAME OLA, ALUKO  
STREET ADDRESS 14951 S.W. 157TH CENTER  
CITY-ST-ZIP MIAMI, FL 33196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ROBINSON, LONNIE  
STREET ADDRESS 1056 NORTH HIATUS ROAD  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME YOUNG, DAVID  
STREET ADDRESS 5963 N.W. 201 LANE  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME CLARK, FRANKLIN  
STREET ADDRESS 2335 N.W. 85TH STREET  
CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME KRUBLIS, MICHAEL  
STREET ADDRESS 17665 N.W. 22ND AVENUE  
CITY-ST-ZIP MIAMI, FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME ADKINS, ANDREW  
STREET ADDRESS 1711 N.W. 193RD STREET  
CITY-ST-ZIP MIAMIOKE PINES, FL 33056

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 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: *Lonnie Robinson* **LONNIE ROBINSON**

*1/23/06*

*(305) 594-5768*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #