2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90047 020 ****61.25

1. Entity Nan BETA BE	MENT # 745184 ETA LAMBDA CHAPTER OF NITY, INC.	ALPH/	A PHI ALPHA	\				01-22-2008	8 90047 ()20 ****6	1.25
Principal Place of Business Mailing Address 1056 NORTH HIATUS ROAD P.O. BOX 510027 PEMBROKE PINES, FL 33026 MIAMI, FL 33151							4000	ს წ55 ს			
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2. Principal F	Place of Business - No P.O. Box #	3. Maii	Mailing Address				\$4L \$ 81 88L \$8 \$]] 0:3	HILLY DI 1001	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				01162008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State					4. FEI Number 59-18986	023		⊢	oplied For ot Applicable
Zip	Zip Country		Zip		Country		5. Certificate of	Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registere	d Agent	i			7. Name and A	ddress of New	Registered		
DOBINGO	IN LONNIE			_	Name						
ROBINSON, LONNIE 1056 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026					Street A	ddress	P.O. Box Number	is Not Acceptab	ole)		
					City				FL	Zip Cod	e
	e named entity submits this statement for	the purpo	se of changing its	registere	ed office o	r registe	red agent, or both.	in the State of F		tamiliar with,	and accept
the obliga	tions of registered agent.										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if appl	4.075		d Apact signat			<u> </u>	DATE		
	age to each of printed hand or egistered age its	. a the . app.	cable (NO)	e nego erec	a Agent signat	ne :edane	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees	I	Make chec	k payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be	Flo	Make chec orida Depa	rtment of S	tate
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indicated on this report or supplied with this miling does not quality 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: AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR