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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000006697

1. Corporation Name

**DELTA LAMBDA SIGMA CHAPTER OF PHI BETA SIGMA, FR
 ATERNITY, INC.**

Principal Place of Business

Mailing Address

2207 AVENUE O
 FORT PIERCE FL 34950

PO BOX 1881
 FORT PIERCE FL 34954



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

BURNS, RUFUS
 2207 AVENUE O
 FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, RUFUS	1.2 NAME	
STREET ADDRESS	2207 AVENUE O	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34950	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANCY, ROBERT	2.2 NAME	
STREET ADDRESS	702 SE BREAKWATER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLMON, JACOB L	3.2 NAME	
STREET ADDRESS	2200 JUANITA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34946	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PAUL	4.2 NAME	
STREET ADDRESS	545 32ND AVE SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32968	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, DAVID	5.2 NAME	
STREET ADDRESS	2043 AIROSO BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Jacoby G. Latimer **REQUIRED** 5/3/99 (561) 468-5271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)