

FILED
Aug 19, 2002 8:00 am
Secretary of State

07-17-2002 90128 024 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006697

1. Entity Name
DELTA LAMBDA SIGMA CHAPTER OF PHI BETA SIGMA, FR
ATERNITY, INC.

Principal Place of Business Mailing Address
2207 AVENUE O PO BOX 1881
FORT PIERCE FL 34950 FORT PIERCE FL 34954

41722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number 31-1689823 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

BURNS, RUFUS
2207 AVENUE O
FORT PIERCE FL 34950

Name Simmie W. Burns
Street Address (P.O. Box Number is Not Acceptable)
1908 - AVENUE 'G'
City Ft. Pierce FL Zip Code 34950

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] DATE 7/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BURNS, RUFUS	
STREET ADDRESS	2207 AVENUE O	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DELANCY, ROBERT	
STREET ADDRESS	702 SE BREAKWATER AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GALLMON, JACOB L	
STREET ADDRESS	2200 JUANITA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, PAUL	
STREET ADDRESS	545 32ND AVE SW	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, DAVID	
STREET ADDRESS	2043 AIROSO BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hicks, William	
STREET ADDRESS	6103 PENETREE DRIVE	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TSP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, SIMMIE W.	
STREET ADDRESS	1908 AVENUE 'G'	
CITY-ST-ZIP	FORT PIERCE, FL 34950	

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: [Signature] DATE 7/13/02 H 772-460-9983 C 772-322-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

CR2E037 (4/02)