


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 08:00 A
Secretary of State

DOCUMENT # N98000006697


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



Principal Place of Business
**2207 AVENUE O
 FORT PIERCE, FL 34950**

Mailing Address
**PO BOX 1881
 FORT PIERCE, FL 34954**

DO NOT WRITE IN THIS SPACE



08092006 No Chg-NP CR2E037 (4/06)

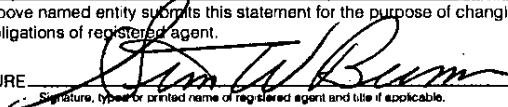
4. FEI Number 31-1689823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, SIMMIE W
 1908 AVENUE G
 FORT PIERCE, FL 34950**

DO NOT WRITE IN THIS SPACE

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:  DATE: **8/13/06**

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

**Filing Fee is \$61.25
 Due by September 8, 2006**

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

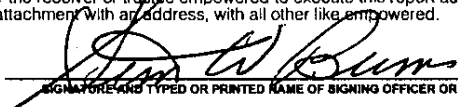
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, RUFUS 2207 AVENUE O FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELANCY, ROBERT 702 SE BREAKWATER AVE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURNS, SIMMIE W 1908 AVENUE G FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, PRIMUS 6280 NE 72ND CIRCLE APT 7 OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASHINGTON, DAVID 2043 AIROSO BLVD PORT ST. LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D' THOMAS, JAMES JR 3907 AVENUE 'L' FORT PIERCE, FL 34947

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 08/16/06-80005-010 61.25

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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:  DATE: **8/13/06** DAYTIME PHONE #: **772-370-6725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR