


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90075 047 \*\*\*\*61.25

<b>DOCUMENT # N98000006697</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02252007 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	BURNS, RUFUS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2207 AVENUE O			NAME	
CITY-ST-ZIP	FORT PIERCE, FL 34950			STREET ADDRESS	
				CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANCY, ROBERT			NAME	
STREET ADDRESS	702 SE BREAKWATER AVE			STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, SIMMIE W			NAME	
STREET ADDRESS	1908 AVENUE G			STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34950			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, PRIMUS			NAME	<i>LOMAN, THOMAS</i>
STREET ADDRESS	6280 NE 72ND CIRCLE APT 7			STREET ADDRESS	<i>1501 N. 35TH ST.</i>
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP	<i>FORT PIERCE, FL 34947</i>
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, DAVID			NAME	
STREET ADDRESS	2043 AIROSO BLVD			STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JAMES JR			NAME	
STREET ADDRESS	3907 AVENUE 'L'			STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34947			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: <i>David L. Burns</i> <span style="float: right;"><i>Feb. 25, 2007</i></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					