## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 745184** 

Entity Name: BETA BETA LAMBDA CHAPTER OF ALPHA PHI ALPHA

FRATERNITY, INC.

**Current Principal Place of Business:** 

13196 SW 53 STREET MIRAMAR, FL 33027

**Current Mailing Address:** 

P.O. BOX 12447

MIAMI, FL 33101-2447 US

FEI Number: 59-1898023 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADKINS, ANDREW 13196 SW 53 STREET MIRAMAR, FL 33027 US

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.

SIGNATURE: ANDREW ADKINS 08/27/2014

Electronic Signature of Registered Agent

Date

**FILED** 

Aug 27, 2014

Secretary of State CC2569959959

Officer/Director Detail:

Title PRESIDENT Title VP

 Name
 RUTLEDGE, PIERRE
 Name
 LEVEILLE, LEWIS

 Address
 798 NW 55TH ST.
 Address
 4700 SW 163 AVE

 City-State-Zip:
 MIAMI FL 33127
 City-State-Zip:
 MIRAMAR FL 33027

Title ASST. TREASURER Title SECRETARY

NameHURRY, MAURICE C.NameJOHNSON, CHARLESAddress996 SW 159TH WAYAddress9944 SW 165 TERRACE

City-State-Zip: PEMBROKE PINES FL 33027 City-State-Zip: MIAMI FL 33157

Title **TREASURER** Title FINANCIAL SECRETARY Name ADKINS, ANDREW Name FRAZIER, COREY 13196 SW 53 STREET Address Address 11707 NW 11TH ST City-State-Zip: MIRAMAR FL 33027 City-State-Zip: PEMBROKE PINES FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW ADKINS

Electronic Signature of Signing Officer/Director Detail

08/27/2014

Date