

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745184

**FILED**  
**Mar 24, 2013**  
**Secretary of State**  
**CC7818533476**

**Entity Name:** BETA BETA LAMBDA CHAPTER OF ALPHA PHI ALPHA FRATERNITY, INC.

**Current Principal Place of Business:**

1056 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1056 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026

**FEI Number: 59-1898023**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LONNIE ROBINSON  
1056 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ELRIDGE, ANDERSON SR.  
Address 1056 NORTH HIATUS ROAD  
City-State-Zip: PEMBROKE PINES FL 33026

Title TD  
Name ROBINSON, LONNIE  
Address 1056 NORTH HIATUS ROAD  
City-State-Zip: PEMBROKE PINES FL 33026

Title PD  
Name BRUNDAGE, EARL  
Address 1365 NW 51ST STREET  
City-State-Zip: MIAMI FL 33142

Title PD  
Name BROWN, SANTARUIS  
Address 17531 N.W. 47TH AVENUE  
City-State-Zip: MIAMI FL 33055

Title PD  
Name ELRIDGE, ANDERSON  
Address 1720 N. W. 194TH STREET  
City-State-Zip: MIAMI GARDENS FL 33056

*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: LONNIE ROBINSON**

**TREASURER**

**03/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date