

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001725

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC9640231127**

**Entity Name:** THE BETA LAMBDA SIGMA ALUMNI CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.

**Current Principal Place of Business:**

5747 SIOUX DRIVE  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

P.O. BOX 180755  
TALLAHASSEE, FL 32318 US

**FEI Number: 46-2110426**

**Certificate of Status Desired: No**

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

WILLIAMS, EDDIE III  
5747 SIOUX DRIVE  
TALLAHASSEE, FL 32318 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 DIRECTOR  
Name FARMER, ERRICK  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title PRESIDENT  
Name WILLIAMS, EDDIE III  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title D  
Name FEDD, ANTHONY  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title SECRETARY  
Name WILTHER, HARRIS  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name TOLLIVER, DON  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name JEFFRIES, ERIC  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR  
Name DUDLEY, REGINALD  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

Title SECRETARY  
Name REMY, DON  
Address P.O. BOX 180755  
City-State-Zip: TALLAHASSEE FL 32318

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*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: EDDIE WILLIAMS**

**PRESIDENT**

**01/21/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER

Name           JOHNSON, DAVID

Address        P.O. BOX 180755

City-State-Zip: TALLAHASSEE FL 32318