

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 10, 2020
Secretary of State
0053116716CC

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 OFFICER
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 IMMEDIATE PAST PRESIDENT
Name JEFFERIES, ERIC
Address P.O. BOX 180755
City-State-Zip: TALLAHASSEE FL 32318

Title OFFICER
Name MARSHALL, JAMES
Address P.O. BOX 180755
City-State-Zip: TALLAHASSEE FL 32318

Title VP
Name HOWIE, DAMON
Address P.O. BOX 180755
City-State-Zip: TALLAHASSEE FL 32318

Title TREASURER
Name GILBERT, BRIAN
Address P.O. BOX 180755
City-State-Zip: TALLAHASSEE FL 32318

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

Title OFFICER
Name BROWN, KAMMERON
Address P.O. BOX 180755
City-State-Zip: TALLAHASSEE FL 32318

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

02/10/2020

Electronic Signature of Signing Officer/Director Detail

Date