## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006697

Entity Name: DELTA LAMBDA SIGMA CHAPTER OF PHI BETA SIGMA,

FRATERNITY, INC.

**Current Principal Place of Business:** 

2207 AVENUE O

FORT PIERCE, FL 34950

**Current Mailing Address:** 

PO BOX 1881

FORT PIERCE, FL 34954 US

FEI Number: 31-1689823 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, SIMMIE W 9304 NATURE'S WAY FORT PIERCE, FL 34945 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

FILED May 08, 2016

**Secretary of State** 

CC3008667141

Officer/Director Detail:

Title SD Title 2ND VP

NameBURNS, RUFUSNameCESAR, CHRISTIVENSENAddress2207 AVENUE OAddress1440 SE PORTILLO ROADCity-State-Zip:FORT PIERCE FL 34950City-State-Zip:PT. ST. LUCIE FL 34952

Title TD Title [

NameBURNS, SIMMIE WNameGRAHAM, PAUL DR.Address9304 NATURE'S WAYAddress5800 BENT PINE DRIVECity-State-Zip:FORT PIERCE FL 34945City-State-Zip: VERO BEACH FL 32967

Title 1ST VD Title PD

NameWATKINS, FRANK L. JR.NameTALLEY, BRADY L.Address2090 4TH AVENUE SWAddress534 SE CLIFF ROADCity-State-Zip:VERO BEACH FL 32962City-State-Zip:PT. ST. LUCIE FL 34984

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SIMMIE W. BURNS

TREASURER

05/08/2016