

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708663

FILED
Apr 21, 2008
Secretary of State

Entity Name: FLORIDA MU CHAPTER PHI DELTA KAPPA FRATERNITY, INC.

Current Principal Place of Business:

5700 BENTBROOK BLVD.
LANTANA, FL 33467

New Principal Place of Business:

Current Mailing Address:

439 GRISWOLD DRIVE
LAKE WORTH, FL 334615744

New Mailing Address:

FEI Number: 36-6067663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZZARONE, JOSEPH E
439 GRISWOLD DRIVE
LAKE WORTH, FL 334615744 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGRESTI, SAM
Address: 144 WOODLAKE CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: VP () Delete
Name: SLAGLE, RICK
Address: 6070 WAUCONDA WAY EAST
City-St-Zip: LAKE WORTH, FL 33463

Title: TREA () Delete
Name: IZZARONE, JOSEPH E
Address: 439 GRISWOLD DRIVE
City-St-Zip: LAKE WORTH, FL 334615744

Title: SEC () Delete
Name: CLARK, JIM
Address: 1000 SALMON ISLE
City-St-Zip: WEST PALM BEACH, FL 334133018

Title: TRUS () Delete
Name: BLAKE, DAN
Address: 3646 VICTORIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 334064701

Title: TRUS () Delete
Name: FOOSE, ROBERT
Address: 6293 SUMMER SKY LANE
City-St-Zip: GREENACRES, FL 334633814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH E IZZARONE

TREA

04/21/2008

Electronic Signature of Signing Officer or Director

Date