

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708663

**FILED**  
**Apr 12, 2010**  
**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  
**Name:** SLAGLE, RICK  
**Address:** 6070 WAUCONDA WAY EAST  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** VP  
**Name:** SLAGLE, MIKE  
**Address:** 5262 HARWOOD LANE  
**City-St-Zip:** LAKE WORTH, FL 33467

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

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

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

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

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:** JOSEPH E IZZARONE

TREA

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date