


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90149 002 ****61.25

DOCUMENT # 737813 1. Entity Name PHI DELTA KAPPA FRATERNITY, FLORIDA ALPHA-LAMBDA CHAPTER, INC.					
Principal Place of Business 11301 PHI DELTA WAY ODESSA, FL 33556 US			Mailing Address P.O. BOX 46805 TAMPA, FL 33647-0107 US		
2. Principal Place of Business 11301 Phi Delt way Suite, Apt. #, etc.		3. Mailing Address 11301 Phi Delt way Suite, Apt. #, etc.			
City & State Odessa, FL		City & State Odessa, FL		4. FE# Number 59-6178275	
Zip 33556		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID RIEKER Rieker 2621 LAMPLIGHTER DR NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Spelling correction only (Rieker) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, KENNETH 11866 NORTH TRAIL AVE TEMPLE TERRACE, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Homer Wolf 10206 Explorer Ct Tampa, FL 33615	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEKER, DAVID 2621 LAMPLIGHTER DR. NEW PORT RICHEY, FL 34665	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, BILL 15936 WINDING DR TAMPA, FL 336241577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell Williams 8421 Stillbrook Ave Tampa, FL 33615	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or Supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/6/05		(727)375-9195 <small>Daytime Phone #</small>	