

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737813

FILED
Jan 12, 2009
Secretary of State

Entity Name: PHI DELTA KAPPA FRATERNITY, FLORIDA ALPHA-LAMBDA CHAPTER, INC.

Current Principal Place of Business:

11301 PHI DELT WAY
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

11301 PHI DELT WAY
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-6178275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEKER, DAVID
2621 LAMPLIGHTER DR
NEW PORT RICHEY, FL 34655 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: D () Delete
Name: TAYLOR, EDGAR
Address: 28423 GREAT BEND PL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: RIEKER, DAVID
Address: 2621 LAMPLIGHTER DR.
City-St-Zip: NEW PORT RICHEY, FL 34665

Title: D () Delete
Name: SMURR, BRADLEY
Address: 30250 EMMETTS CT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: TAYLOR, GEORGE
Address: 2854 MINGO WY
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HIATT, BILL
Address: 1305 BIG SKY DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Change () Addition
Name:
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: BRADLEY SMURR

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date