2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 739222

1. Entity Name
ALPHA PHI CENTER, INC.

Principal Place of Business	Mailing Address
510 W. JACKSON ST PENSACOLA, FL 32534 US	8108 PRICE ST PENSACOLA, FL 32534 US

04282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0189557
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARKE, JUANITA
8108 PRICE ST
PENSACOLA, FL 32534

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARKE, JUANITA R
STREET ADDRESS	8108 PRICE ST
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	V
NAME	ROBERTS, DELLA
STREET ADDRESS	105 BERKLEY DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	LETT, ZOLA
STREET ADDRESS	992 BROAD ST
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	S
NAME	HAYNES, DEBRA
STREET ADDRESS	1261 MAZUREK
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	TD
NAME	LEE, ORA
STREET ADDRESS	6179 RING GOLD CIR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000760286
05/25/07-80005-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Juanita Clarke Juanita Clarke 4/27/07 850 477-3315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #