2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2009
Secretary of State

DOCUMENT# 739222

Entity Name: ALPHA PHI CENTER, INC.

Current Principal Place of Business:

510 W. JACKSON ST
PENSACOLA, FL 32534 US

New Principal Place of Business:

Current Mailing Address:

8108 PRICE ST
PENSACOLA, FL 32534 US

New Mailing Address:

FEI Number: 51-0189557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARKE, JUANITA
8108 PRICE ST
PENSACOLA, FL 32534 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: PD ( ) Delete
Name: CLARKE, JUANITA R
Address: 8108 PRICE ST
City-St-Zip: PENSACOLA, FL 32534

Title: V ( ) Delete
Name: ROBERTS, DELLA
Address: 105 BERKLEY DR
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: LETT, ZOLA
Address: 992 BROAD ST
City-St-Zip: PENSACOLA, FL 32534

Title: S ( ) Delete
Name: HAYNES, DEBRA
Address: 1261 MAZUREK
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete
Name: PHILLIPS, ESTHER
Address: 992 SAWYER ST.
City-St-Zip: PENSACOLA, FL 32534

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
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: JUANITA CLARKE PD 06/07/2009
Electronic Signature of Signing Officer or Director — Date