

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766721 (5)
1. Corporation Name
THE FLORIDA FEDERATION OF ALPHA CHAPTERS, INC.



Principal Place of Business Mailing Address
**1902 E POLLOCK RD
LAKELAND FL 33813**

3. Date Incorporated or Qualified **01/26/1983** 3a. Date of Last Report **06/09/1995**
4. FEI Number **59-3125320** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, LYNNWOOD L
1902 E POLLOCK RD
LAKELAND FL 33813**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sylvia L. Bell

(NOTE: Registered Agent signature required when reinstating)

2/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	BELL, LYNNWOOD L	12 NAME	
STREET ADDRESS	1902 E POLLOCK RD	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD
NAME	JONES, ED	22 NAME	GARY W. JOHNSON
STREET ADDRESS	4078 SHANNON BROWN DR	23 STREET ADDRESS	2503 Waldemar Lane
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE	SO	31 TITLE	
NAME	SACHEL, FRANK	32 NAME	
STREET ADDRESS	806 SE 3RD ST	33 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	TD
NAME	JOHNSON, GARY	42 NAME	Ernie B. Ivey
STREET ADDRESS	2503 WALDEMAR LN	43 STREET ADDRESS	702 Swiss Drive
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Lakeland, FL 33805
TITLE	D	51 TITLE	
NAME	COLLINS, A SHAWN	52 NAME	
STREET ADDRESS	BOX 2571	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	JONES, AUBYN	62 NAME	
STREET ADDRESS	8800 SW 83RD AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Sylvia L. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96 (941)325-3309
Date Daytime Phone #

CR2E037 (12/95)