

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001087

FILED
Apr 29, 2006
Secretary of State

Entity Name: BETA DELTA LAMBDA CHAPTER ALPHA PHI ALPHA FRATERNITY INC.

Current Principal Place of Business:

PO BOX 9443
DAYTONA BEACH, FL 32120

New Principal Place of Business:

Current Mailing Address:

PO BOX 9443
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-3000389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COVINGTON, SYLVESTER DR
C/O COVINGTON & ASSOCIATES INC
532 DR MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 32114 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: DP () Delete
Name: SCOTT, CRAIG
Address: 1149 LIVE OAK AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DVP () Delete
Name: SEENEY, WILLIAM
Address: P.O. BOX 352557
City-St-Zip: PALM COAST, FL 32135

Title: DS () Delete
Name: ROBINSON, JAMIE
Address: 1838 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

Title: DS () Delete
Name: COURTNEY, ROBIN A
Address: 1417 MOLLIE RD.
City-St-Zip: DAYTONA BEACH, FL 321145865

Title: DS () Delete
Name: STAPLES, DAVID H
Address: 803 S THOMPSON STREET
City-St-Zip: DELAND, FL 32720

Title: DT () Delete
Name: JACKSON, THOMAS
Address: 917 CHIPPEWA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS JACKSON

DT

04/29/2006

Electronic Signature of Signing Officer or Director

Date