


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2008 08:00 A
Secretary of State**

DOCUMENT # N02000001087

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



Principal Place of Business
917 CHIPPEWA STREET
ST AUGUSTINE, FL 32086

Mailing Address
PO BOX 588
ST AUGUSTINE, FL 32085 US

DO NOT WRITE IN THIS SPACE



03162008 No Chg-NP CR2E037 (4/06)

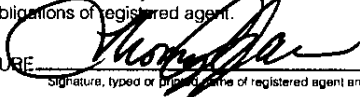
4. FEI Number 59-3000389	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, THOMAS
917 CHIPPEWA STREET
ST AUGUSTINE, FL 32086

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 3/16/08

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, CRAIG 1149 LIVE OAK AVE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEENEY, WILLIAM P.O. BOX 352557 PALM COAST, FL 32135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, JAMIE 1838 COURTLAND BLVD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COURTNEY, ROBIN A 1417 MOLLIE RD. DAYTONA BEACH, FL 321145865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFS STAPLES, DAVID H 803 S THOMPSON STREET DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, THOMAS 917 CHIPPEWA STREET ST AUGUSTINE, FL 32084

U00000864206
04/04/08-80004-010 70.00

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IN THIS SPACE**

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:  **3/16/08** **386-334-9243**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #