

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001087

FILED
Feb 20, 2010
Secretary of State

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

Current Principal Place of Business:

917 CHIPPEWA STREET
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 588
ST AUGUSTINE, FL 32085 US

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:

JACKSON, THOMAS
917 CHIPPEWA STREET
ST AUGUSTINE, FL 32086 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
Name: BOUIE, AL
Address: P.O. BOX 922
City-St-Zip: DELAND, FL 32721

Title: DVP
Name: WELCH, CHARLIE
Address: 1611 PICCADILY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DS
Name: SOLOMON, RALPH
Address: 1 CARRINGTON LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS
Name: STROTHER, RAY
Address: 2624 WINNESMISSETT OAK DRIVE
City-St-Zip: DELAND, FL 32724

Title: DFS
Name: STAPLES, DAVID H
Address: 803 S THOMPSON STREET
City-St-Zip: DELAND, FL 32720

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS JACKSON

DT

02/20/2010

Electronic Signature of Signing Officer or Director

Date