

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011834

FILED  
Aug 08, 2006  
Secretary of State

**Entity Name:** PALM BEACH & TREASURE COAST ALUMNAE CHAPTER OF ALPHA PHI FRATERNITY, INC.

**Current Principal Place of Business:**

8406 SE PINE CIR  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

8406 SE PINE CIR  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

CONTI, MEGHAN  
8406 SE PINE CIR  
HOBE SOUND, FL 33455 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: CONTI, MEGHAN  
Address: 8406 SE PINE CIR  
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD ( ) Delete  
Name: SCHENKELBERG, NICOLE  
Address: 2778 WILLOW WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD ( ) Delete  
Name: WHITE, STACEY  
Address: 130 BRACKENWOOK RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete  
Name: DESILVA, JENNIFER  
Address: 12461 WORLD CUP LN  
City-St-Zip: WELLINGTON, FL 33414

Title: TD ( ) Delete  
Name: MCCAILL, TRACY  
Address: 3308 33RD WAY  
City-St-Zip: W PALM BEACH, FL 33407

**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 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: MEGHAN E. CONTI

PD

08/08/2006

Electronic Signature of Signing Officer or Director

Date