

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011834

FILED
Apr 17, 2007
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:

19778 LOXAHATCHEE POINTE DRIVE
JUPITER, FL 33458

Current Mailing Address:

8406 SE PINE CIR
HOBE SOUND, FL 33455

New Mailing Address:

19778 LOXAHATCHEE POINTE DRIVE
JUPITER, FL 33458

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

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:

STAINBACK, NANCY
19778 LOXAHATCHEE POINTE DR.
JUPITER, FL 33458 US

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: NANCY STAIR STAINBACK

04/17/2007

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STAINBACK, NANCY
Address: 19778 LOXAHATCHEE POINTE DRIVE
City-St-Zip: JUPITER, FL 33458 US

Title: VPD (X) Change () Addition
Name: OLSON, JAMESON
Address: P. O. BOX 13035
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TD (X) Change () Addition
Name: LEE, KAREN
Address: 7053 SE BUNKER HILL DR.
City-St-Zip: HOBE SOUND, FL 33455

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: NANCY STAIR STAINBACK

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date