2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N05844

Entity Name: DELTA DELTA LAMBDA CHAPTER OF ALPHA PHI ALPHA FRATERNITY, INCORPORATED

Current Principal Place of Business:

1707 HILTONIA CIRCLE
W PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P O BOX 866
W PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 38-6107756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, JAMES L
6651 HATTERAS DRIVE
LAKE WORTH, FL 33467 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:	D	( ) Delete
Name:	FIELDS, ALFRED, JR.	
Address:	3618 NORTH SHORE DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	ROBINSON, ISSAC	
Address:	3905 SHELLEY ROAD NORTH	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	P	( ) Delete
Name:	DAVIS, JAMES L	
Address:	6651 HATTERAS DR	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	T	( ) Delete
Name:	BELL, MORRIS L	
Address:	3924 AUSTRALIAN COURT	
City-St-Zip:	LAKE WORTH, FL 33407	
Title:	V	( ) Delete
Name:	WHITE, CHARLES E DR.	
Address:	1707 HILTONIA CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	NORWOOD, MICHAEL N	
Address:	5713 DESCARTES CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33437	

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 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: MORRIS L. BELL D 04/07/2009
Electronic Signature of Signing Officer or Director — Date