

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008881

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** PHI BETA SIGMA FRATERNITY, INC. GAMMA DELTA SIGMA CHAPTER

**Current Principal Place of Business:**

7103 HIAWASSEE OAK DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

7103 HIAWASSEE OAK DR.  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 26-0499583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURRAY, STANLEY  
7103 HIAWASSEE OAK DR.  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

CHERFRERE, VLADIMIR  
4805 N. PINE HILLS RD. APT. 101  
ORLANDO, FL 32808 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: VLADIMIR CHERFRERE

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MURRAY, STANLEY  
Address: 7103 HIAWASSEE OAK DR.  
City-St-Zip: ORLANDO, FL 32818

Title: VD ( ) Delete  
Name: DAVIS, DONOVAN  
Address: 3817 WHITE HERON DR.  
City-St-Zip: ORLANDO, FL 33808

Title: SD ( ) Delete  
Name: TILLMAN, DONALD  
Address: 1613 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHERFRERE, VLADIMIR  
Address: 4805 N. PINE HILLS RD. APT.101  
City-St-Zip: ORLANDO, FL 32808

Title: VD (X) Change ( ) Addition  
Name: LLOYD, LEROY DR.  
Address: 7202 JOHQUIL DR.  
City-St-Zip: ORLANDO, FL 32818

Title: SD (X) Change ( ) Addition  
Name: SHERRER, KEITH  
Address: 4235 CYNTHIA ST.  
City-St-Zip: ORLANDO, FL 32811

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: VLADIMIR CHERFRERE

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date