

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002381

FILED
Apr 30, 2009
Secretary of State

Entity Name: PI KAPPA PHI, THETA DELTA ALUMNI CHAPTER INC.

Current Principal Place of Business:

11200 SW 8 ST.
MIAMI, FL 33199

New Principal Place of Business:

11200 SW 8 ST.
GC 2240
MIAMI, FL 33199

Current Mailing Address:

P.O. BOX 441404
MIAMI, FL 33144

New Mailing Address:

11200 SW 8 ST.
GC 2240
MIAMI, FL 33199

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ROBERT
11200 SW 8 ST.
MIAMI, FL 33199 US

Name and Address of New Registered Agent:

MORENO, CARLOS
11200 SW 8 ST.
GC 2240
MIAMI, FL 33199 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: CARLOS MORENO

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, ROBERT
Address: P.O. BOX 441404
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: AURICCHIO, JASON
Address: P.O. BOX 441404
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: GARCIA, JOSE
Address: P.O. BOX 441404
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: RAVELO, ALEX
Address: P.O. BOX 441404
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORENO, CARLOS
Address: 11200 SW 8 ST. GC 2240
City-St-Zip: MIAMI, FL 33199

Title: VP (X) Change () Addition
Name: AURICCHIO, JASON
Address: 11200 SW 8 ST. GC 2240
City-St-Zip: MIAMI, FL 33199

Title: T (X) Change () Addition
Name: GARCIA, JOSE
Address: 11200 SW 8 ST. GC 2240
City-St-Zip: MIAMI, FL 33199

Title: S (X) Change () Addition
Name: DAVIS, BRAD
Address: 11200 SW 8 ST. GC 2240
City-St-Zip: MIAMI, FL 33199

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: BRAD DAVIS

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date