


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90012 016 \*\*\*\*61.25

<b>DOCUMENT # N21288</b> 1. Entity Name <b>PHI DELTA THETA ALUMNI CLUB OF THE FORT LAUDERDALE, FLORIDA AREA, INC.</b>					
Principal Place of Business <b>C/O MICHAEL D. STEWART 1512 E. BROWARD BLVD., SUITE 200 FORT LAUDERDALE, FL 33301</b>		Mailing Address <b>C/O MICHAEL D. STEWART 1512 E. BROWARD BLVD., SUITE 200 FORT LAUDERDALE, FL 33301</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0002774</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEWART, MICHAEL D 1512 E. BROWARD BLVD. SUITE 200 FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOERING, RALPH H III 721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASEY, DEWITT 8333 WEST MCNAB ROAD #125 POMPANO BEACH, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEEHAN, JAMIE 901 E. LAS OLAS BLVD #101 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHAEFFER, DONALD D DR. SE 2ND COURT FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>451 Heritage Drive # 1003 Pompano Beach FL 33060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOERING, JOHN C 2431 E LAS OLAS BLVD FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, HARRY E 4940 SW 61 AVENUE FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D KERR, LEIGH 2431 E 808 E LAS OLAS BLVD #104 Fort Lauderdale FL 33301</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Michael D Stewart</u> (President) <span style="float: right;">3/14/08 954-525-0210</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					