2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N30704

Entity Name: NU BETA SIGMA CHAPTER OF PHI BETA SIGMA FRATERNITY, INC.

Current Principal Place of Business:

4114 CLEARBROOK COVE ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

505 N LIBERTY STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-2958906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMOTRADING, GREGORY P
505 N LIBERTY STREET
JACKSONVILLE, FL 32202 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:	PD	( ) Delete
Name:	ROBINSON, DEDRIC A	
Address:	4114 CLEARBROOK COVE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	SD	( ) Delete
Name:	BUCKNER, ALBERT	
Address:	1114 E. UNION STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	TD	( ) Delete
Name:	WRIGHT, WILLIAM	
Address:	5042 CAPE ROMAIN COURT	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	VPD	( ) Delete
Name:	NIGHTINGALE, TIMOTHY	
Address:	19210 ROCKY RIVER ROAD	
City-St-Zip:	JACKSONVILLE, FL 32224	

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:	

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: DEDRIC ROBINSON PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date