

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:19

DOCUMENT # N38244 (2)

1. Corporation Name

FLORIDA ALPHA CHAPTER, PHI DELTA KAPPA FRATERNITY

Principal Place of Business

507 S. MACDILL AVENUE
TAMPA FL 33609

Mailing Address

507 S. MACDILL AVENUE
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1990

3a. Date of Last Report

04/06/1994

4. FEI Number

59-6153072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EMBERTON, THOMAS W.
3131 WAVERLY PARK
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas W. Emberton

Thomas Emberton

2-22 95

Signature typed or printed name of registered agent and the if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LANGFORD, JAMES M.
STREET ADDRESS	3601 EL PRADO BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	SD
NAME	MUSSER, TIMOTHY R
STREET ADDRESS	3200 EUCLID AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	HENDERSON, LEO L.
STREET ADDRESS	6712 MASCOTTE STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	FENDER, E.F. JR.
STREET ADDRESS	3921 OBISPO AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	EMBERTON, THOMAS W.
STREET ADDRESS	3131 WAVERLY PARK
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	KENDRICKS, ARCHIE
STREET ADDRESS	3202 COLWELL AVE., APT. 201
CITY-ST-ZIP	TAMPA FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy R. Musser

Timothy R. Musser

2-22 95

219-6090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number