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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

TITLE

NAME

STREET ADDRESS

KENDRICKS, ARCHIE

3202 COLWELL AVE., APT. 201

N38244 DOCUMENT #

1. Corporation Name

(2)

FLORIDA ALPHA CHAPTER, PHI DELTA KAPPA FRATERNIT

FLORIDA ALPHA CHAPTER, PHI DELTA KAPPA FRATERNIT Y] 1841/18 866 1/10 1 1/18 1/1/1 8/18 8/18 8/18 8/18 8				
Principal Place of	f Business	Mailing Address									
507 S. MACDILL TAMPA FL 3360		507 S. MACDILL AV Tampa Fl 33609	/ENUE								
COMES IS NOW	-					3. Date Incorp. 05/21/	orated or Qualified	3a. Dat	e of Last Re 2/28/199	port 5	
		2a. Mailing Address				4 FFI Number				olied For	
2. Principal Place of Business						59-61	59-6153072			Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of	f Status Desired		\$8.75 A			
City & State		City & State				mpaign Financing Contribution	\$5.00 May Be Added to Fees				
3		28 7in		ountry		8. This corpor	ation has liability for	intangible ta	k under s. 19	99.032,	
_ Zip	Country	Žip 29	30	,		Florida Stat	utes	Yes 🗀	No		
4	25 9. Name and Address of Curren					10. Name and	Address of New	Registered /	Agent		
	A' Haille alla vaniess oi galleri			81							
EMBERTON, THOMAS W.					Street Ac	dress (P.O. Box Nun	nber is Not Accepta	ible)			
3131 WAVERLY PARK					<u> </u>						
TAMPA FL 33629				83	1				1221 -	Codo	
				84	City			FL	1 1	Code	
SIGNATURE J	Stanature, typed or printed name in regime to ago.	t and lifte if applicable	(NOTE: Regis	tered Age	ent signature rec	to the form of the state of the	S/CHANGES TO O	FEICERS AND	DIRECTOR	RS IN 12	
12.	OFFICERS AN	ID DIRECTORS		13. 1.1 TITLE		D	G G IA GLO 100		Change	Addition	
TITLE	D IANGEODD IANES M	DELE		1.1 HILE 1.2 NAME	.	28423 WESLEY	📥 TAYISA	EDE	AR, C	- '	
NAME	LANGFORD, JAMES M. 3601 EL PRADO BLVD.				ET ADDRESS	28423	GREAT	DENE	Γ! ````	_	
STREET ADDRESS	TAMPA FL			1.4 CITY	- \$1 - ZIP	WESLEY	Chapel	<u>_Fl</u>	5354	Addition	
CITY-ST-ZIP	SO	DELE		2 1 TITLE			-		☐ Change	LT Mandall	
NAME	MUSSER, TIMOTH R			2 2 NAM	ì						
STREET ADDRESS	3200 EUCLID AVE				ET ADDRESS						
CITY-ST-ZIP	TAMPA FL	f or t		2 4 CITY 3 1 THU	r - ST - Z1P				Change	Addition	
TITLE	D LITHERTOCON LEG I	DELE	:10	31 IHLI		İ					
NAME	HENDERSON, LEO L. 6712 MASCOTTE STREET		1		EET ADDRESS						
STREET ADDRESS	TAMPA FL				Y - ST - ZIP	l			Chance	Addition	
CITY-ST-ZIP	D	DELE	TE	4.1 HTL	E				Change	III WOOTIO	
TITLE NAME	FENDER, E.F. JR.			4 2 NA	ME						
STREET ADDRESS	3921 OBISPO AVENUE				EET ADDRESS						
CITY-SI-ZIP	TAMPA FL			-	Y-ST-ZIP				Change	Additio	
TITLE	P	DEL	t I E	51 TITL		\			-		
NAME	EMBERTON, THOMAS W.			52 NAI	ME REET ADDRESS						
STREET ADDRESS	3131 WAVERLY PARK				Y-ST-ZIP						
CITY - ST - ZIP	TAMPA FL		ETE	24 71					Change	Additio	

61 TIFLE

62 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 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 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 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 under under 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 under under 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 under under 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 under the certific that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if under the certific that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if under the certific that the information indicated in the certific that the inf SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

DELETE