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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38244 (2)

1. Corporation Name

FLORIDA ALPHA CHAPTER, PHI DELTA KAPPA FRATERNITY

Principal Place of Business

Mailing Address

507 S. MACDILL AVENUE
TAMPA FL 33609507 S. MACDILL AVENUE
TAMPA FL 33609-3038

3. Date Incorporated or Qualified

05/21/1990

3a. Date of Last Report

05/21/1996

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

4. FEI Number

59-6153072

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMBERTON, THOMAS W.
3131 WAVERLY PARK
TAMPA FL 33629

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 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, EDGAR C.	
STREET ADDRESS	28423 GREAT BEND PL	
CITY - ST - ZIP	WESLEY CHAPEL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUSSEY, TIMOTHY R	
STREET ADDRESS	3200 EUCLID AVE	
CITY - ST - ZIP	TAMPA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, LEO L.	
STREET ADDRESS	6712 MASCOTTE STREET	
CITY - ST - ZIP	TAMPA FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARD D CARTER
3.3 STREET ADDRESS	1907 W. Humphrey St.
3.4 CITY - ST - ZIP	Tampa FL 33604

TITLE	D	<input type="checkbox"/> DELETE
NAME	FENDER, E.F. JR.	
STREET ADDRESS	3921 OBISPO AVENUE	
CITY - ST - ZIP	TAMPA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	EMBERTON, THOMAS W.	
STREET ADDRESS	3131 WAVERLY PARK	
CITY - ST - ZIP	TAMPA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KENDRICKS, ARCHIE	
STREET ADDRESS	3202 COLWELL AVE., APT. 201	
CITY - ST - ZIP	TAMPA FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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. Mussey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Mussey

1-897

831.4734

Date

Daytime Phone # 0047632

CR2E037 (9/96)