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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/21/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-6153072	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EMBERTON, THOMAS W. 3131 WAVERLY PARK TAMPA FL 33629	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Thomas W. Emberton* (NOTE: Registered Agent signature required when reinstating) DATE **2-26-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, EDGAR C. 28423 GREAT BEND PL WESLEY CHAPEL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUSSER, TIMOTH R 3200 EUCLID AVE TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, EDWARD D. 1907 W. HUMPHREY ST. TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENDER, E.F. JR. 3921 OBISPO AVENUE TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMBERTON, THOMAS W. 3131 WAVERLY PARK TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICKS, ARCHIE 3202 COLWELL AVE., APT. 201 TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 *Thomas W. Emberton* **2-26-98**

CR2E037 (10/97)