

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45545

FILED
Jan 23, 2006
Secretary of State

Entity Name: THETA PHI ALPHA, INC.

Current Principal Place of Business:

FLORIDA ATLANTIC UNIVERSITY
DEAN OF STUDENT AFFAIRS OFFICE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

FLORIDA ATLANTIC UNIVERSITY
DEAN OF STUDENT AFFAIRS OFFICE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0284010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, ERIKA
4970 GATEWAY GARDENS DR
BOYNTON BEACH, FL 33436 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: CD () Delete
Name: LEFKOWITZ, ERIKA
Address: FAU DEAN OF STUDENT AFFAIRS
City-St-Zip: BOCA RATON, FL 33431

Title: PD () Delete
Name: WISE, CHRISTINE
Address: FAU DEAN OF STUDENT AFFAIRS OFFICE
City-St-Zip: BOCA RATON, FL 33431

Title: TD (X) Delete
Name: FELDMAN, ANDREA
Address: FAU DEAN OF STUDENT AFFAIRS OFFICE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LEITNER, KRISSY
Address: FAU DEAN OF STUDENT AFFAIRS
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISSY LEITNER

PD

01/23/2006

Electronic Signature of Signing Officer or Director

Date