2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N50944

Entity Name: XI DELTA ALUMNI ASSOCIATION OF CHI PHI, INC.

Current Principal Place of Business:

3850 BEECHGROVE RD
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

3850 BEECHGROVE ROAD
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 59-3192180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDA, SUNDEEP
3850 BEECHGROVE ROAD
MELBOURNE, FL 32934 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:	T	( ) Delete
Name:	TAYLOR, JASON	
Address:	201 INTERNATIONAL DRIVE #511	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	PD	( ) Delete
Name:	CHARLA, JORDAN	
Address:	3850 BEECHGROVE RD	
City-St-Zip:	MELBOURNE, FL	
Title:	D	( ) Delete
Name:	ZEBULSKE, TODD	
Address:	3850 BEECH GROVE RD	
City-St-Zip:	MELBOURNE, FL 32934	
Title:	SD	( ) Delete
Name:	DICARLO, DOUGLAS	
Address:	8850 BEECH GROVE RD	
City-St-Zip:	MELBOURNE, FL	
Title:	D	( ) Delete
Name:	DIOLOSA, DAN	
Address:	3850 BEECHGROVE ROAD	
City-St-Zip:	MELBOURNE, FL 32934	
Title:	VD	( ) Delete
Name:	MORGAN, DAVID	
Address:	3850 BEECHGROVE ROAD	
City-St-Zip:	MELBOURNE, FL 32934	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: SUNDEEP HANDA RA 04/30/2008

Electronic Signature of Signing Officer or Director — Date