

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005188

FILED
Apr 26, 2009
Secretary of State

Entity Name: MELBOURNE/PALM BAY ALUMANAE CHAPTER DELTA SIGMA THETA SORORITY LIFE DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

805 E. HOPKINS STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

690 CARIBBEAN ROAD
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3320351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATHIS, CYNTHIA
4835 LAKE WATERFORD WAY W
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MATHIS, CYNTHIA
3721 LARGO DRIVE
MELBOURNE, FL 32901 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLESPIE, BEATRICE
Address: 690 CARIBBEAN ROAD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD () Delete
Name: SMITH, CLARA
Address: 616 E ROBERTS STREET
City-St-Zip: MELBOURNE, FL 32901

Title: SD () Delete
Name: MATHIS, CYNTHIA
Address: 4835 LAKE WATERFORD WAY W
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: BARTELL, RALPHALETTE
Address: 3318 JAMES STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: COCHRAN, CYNTHIA
Address: 295 ROMAN AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: VAUGHAN, ALDYTH
Address: 7944 TIMBERLAKE DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

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: D (X) Change () Addition
Name: ROBERTS, ENID
Address: 8018 KINGSWOOD WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change () Addition
Name: FRANKLIN, VIOLA
Address: 1103 E. MILL STREET
City-St-Zip: MELBOURNE, FL 3901

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: BEATRICE GILLESPIE

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date