

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005003

FILED
Mar 03, 2012
Secretary of State

Entity Name: BETA BETA LAMBDA ALPHA PHI ALPHA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1056 N. HIATUS RD.
PEMBROKE PINE, FL 33026

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510027
MIAMI, FL 33151

New Mailing Address:

FEI Number: 65-0615993 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBINSON, LONNIE
1056 N. HIATUS RD
PEMBROKE PINES, FL 33026 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: P
Name: WADE, TREVOR
Address: 18941 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: V
Name: HURRY, MAURICE
Address: 996 SW 159TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T
Name: ROBINSON, LONNIE
Address: 1056 N. HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D
Name: GRAY, HECTOR
Address: 20445 NW 28TH COURT
City-St-Zip: MIAMI, FL 33055

Title: D
Name: BROWN, SANTARUIS
Address: 17531 NW 47TH AVENUE
City-St-Zip: MIAMI, FL 33055

Title: D
Name: BRUNDAGE, EARL
Address: 1365 NW 51 STREET
City-St-Zip: MIAMI, FL 33142

I hereby 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 all other like empowered.

SIGNATURE: LONNIE ROBINSON

TRES

03/03/2012

Electronic Signature of Signing Officer or Director

Date