


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90001 023 ****70.00

DOCUMENT # N96000001475 1. Entity Name ALPHA PHI CORPORATION			
Principal Place of Business 1138 CORETTA WAY ORLANDO, FL 32805		Mailing Address 1138 CORETTA WAY ORLANDO, FL 32805	
2. Principal Place of Business 4722 Alabama St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 585366 Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32811		City & State Orlando, FL Zip 32858-5366	
Country US		Country US	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, JEAN 849 PATRIOT POINT DR. OCOE, FL 34761		7. Name and Address of New Registered Agent Name Dora M. Williams Street Address (P.O. Box Number is Not Acceptable) 4722 Alabama St. City Orlando FL Zip Code 32811	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Dora M. Williams (Dora M. Williams)</i></u> <u>6/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COOK, BERNICE 3356 MAHALIA PLACE ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
DD LEMMON, DOROTHY 312 BURLEIGH STREET ORLANDO, FL 32824	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P/O Pinkie W. Sanders 3213 W. South St. Orlando, FL 32805
DD SAPP, GLORIA 4285 OWENS ST. ORLANDO, FL 32811	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	S Pandora Shipp 11349 Via Andiamo Windermere, FL 34786
S STRICKLAND, LATANYA 8520 DENVERS COURT ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S Cheryl Graham 4603 Wellesly Drive Orlando, FL 32818
S MCDOWELL, ANN 1549 LAWDALE CIRCLE WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T Dora M. Williams 4722 Alabama St. Orlando, FL 32811
T CRAWFORD, JEAN 1138 CORETTA WAY ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T Dora M. Williams 4722 Alabama St. Orlando, FL 32811
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Dora M. Williams (Dora M. Williams)</i></u> <u>6/16/05</u> <u>407 423-2839</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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