

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90009 039 ****70.00

DOCUMENT # N96000001475					
1. Entity Name ALPHA PHI CORPORATION					
Principal Place of Business 4722 ALHAMA ST ORLANDO, FL 32811			Mailing Address P.O. BOX 585366 ORLANDO, FL 32858-5366		
2. Principal Place of Business 4722 Alhama Suite, Apt. #, etc.		3. Mailing Address P.O. Box 580307 Suite, Apt. #, etc.			
City & State Orlando, FL Zip: 32811 Country: US		City & State Orlando, FL Zip: 32858 Country: US		07142006 Chg-NP CR2E037 (4/06)	
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 WILLIAMS, DORA M 4722 ALHAMA ST ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, BERNICE <input type="checkbox"/> Delete 3356 MAHALIA PLACE ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD LEMMON, DOROTHY <input type="checkbox"/> Delete 312 BURLEIGH STREET ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SAPP, GLORIA <input type="checkbox"/> Delete 4285 OWENS ST. ORLANDO, FL 32811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIPP, PANDORA <input type="checkbox"/> Delete 11349 VIA ANDLAMO WINDERMERE, FL 34786				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, DORA M <input checked="" type="checkbox"/> Delete 4722 ALHAMA ST ORLANDO, FL 32811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, JEAN <input checked="" type="checkbox"/> Delete 1138 CORETTA WAY ORLANDO, FL 32805				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
P/O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Pinkie W. Sanders STREET ADDRESS: 3213 W. South Street CITY-ST-ZIP: Orlando, FL 32805					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Graham, Cheryl STREET ADDRESS: 4603 Wellesly Drive CITY-ST-ZIP: Orlando, FL 32818					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Dora M. Williams STREET ADDRESS: 4722 Alhama St. CITY-ST-ZIP: Orlando, FL 32811					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Dora M. Williams (Dora M. Williams)</u> <u>7/15/06</u> <u>407 423-2839</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					