

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000001475

1. Entity Name
ALPHA PHI CORPORATION



Principal Place of Business
4722 ALHAMA ST
ORLANDO, FL 32811

Mailing Address
PO BOX 580307
ORLANDO, FL 32858-5366



04222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WILLIAMS, DORA M
4722 ALHAMA ST
ORLANDO, FL 32811

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, BERNICE 3356 MAHALIA PLACE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD LEMMON, DOROTHY 312 BURLEIGH STREET ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SAPP, GLORIA 4285 OWENS ST. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, BARBARA 2220 MENOMONEE CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, CHERYL 4603 WELLESLEY DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, DORA M 4722 ALHAMA ST ORLANDO, FL 32811

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05/16/08-80033-015 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dora M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08 (407) 423-2839
Date Daytime Phone #