

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001475

FILED
May 07, 2009
Secretary of State

Entity Name: ALPHA PHI CORPORATION

Current Principal Place of Business:

4722 ALHAMA ST
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 580307
ORLANDO, FL 328585366

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, DORA M
4722 ALHAMA ST
ORLANDO, FL 32811 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: V () Delete
Name: COOK, BERNICE
Address: 3356 MAHALIA PLACE
City-St-Zip: ORLANDO, FL 32805

Title: DD () Delete
Name: LEMMON, DOROTHY
Address: 312 BURLEIGH STREET
City-St-Zip: ORLANDO, FL 32824

Title: DD () Delete
Name: SAPP, GLORIA
Address: 4285 OWENS ST.
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: STEPHENS, BARBARA
Address: 2220 MENOMONEE CT.
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: GRAHAM, CHERYL
Address: 4603 WELLESLEY DR
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: WILLIAMS, DORA M
Address: 4722 ALHAMA ST
City-St-Zip: ORLANDO, FL 32811

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BERNICE COOK

V

05/07/2009

Electronic Signature of Signing Officer or Director

Date