

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001475

FILED  
Feb 16, 2010  
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 (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: PRIS  
Name: COOK, BERNICE  
Address: 3356 MAHALIA PLACE  
City-St-Zip: ORLANDO, FL 32805

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

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

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

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

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

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: BERNICE R. COOK

PRIS

02/16/2010

Electronic Signature of Signing Officer or Director

Date