2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# N97000001762

Entity Name: ETA KAPPA LAMBDA CHAPTER--ALPHA PHI ALPHA FRATERNITY, INC.

Current Principal Place of Business:

2601 AVENUE I
FT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

2601 AVENUE I
FT PIERCE, FL 34947

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:

FENN, HAVERT L
2601 AVENUE I
FT PIERCE, FL 34947 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: D ( ) Delete
Name: BETHEL, BROTHER M
Address: 2602 AVE P
City-St-Zip: FT PIERCE, FL 34947

Title: D ( ) Delete
Name: LEWIS, MICHAEL
Address: 9650 S. OCEAN DR #102
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: CLARK, BENNIE
Address: 1812 AVE M
City-St-Zip: FT PIERCE, FL 34950

Title: D ( ) Delete
Name: FENN, HAVERT
Address: 2601 AVE I
City-St-Zip: FT PIERCE, FL 34947

Title: D ( ) Delete
Name: LEATH, MARK
Address: 10960 MYRTLEWOOD LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete
Name: PERRY, KEVIN
Address: 1327 D. PEPPERTREE TR
City-St-Zip: FORT PIERCE, FL 34950

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
Name:
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 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 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: MARK C. LEATH T 07/07/2005
Electronic Signature of Signing Officer or Director — Date