

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 023 ****61.25

DOCUMENT # N97Q00001762

1. Entity Name

ETA KAPPA LAMBDA CHAPTER--ALPHA PHI ALPHA
FRATERNITY, INC.



Principal Place of Business
2601 AVENUE I
FT PIERCE FL 34947

Mailing Address
2601 AVENUE I
FT PIERCE FL 34947



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENN, HAVERT L
2601 AVENUE I
FT PIERCE FL 34947

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BETHEL, BROTHER M
STREET ADDRESS 2602 AVE P
CITY-ST-ZIP FT PIERCE FL 34947

TITLE D ☐ Delete
NAME LEWIS, MICHAEL
STREET ADDRESS 9650 S. OCEAN DR #102
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☐ Delete
NAME CLARK, BENNIE
STREET ADDRESS 1812 AVE M
CITY-ST-ZIP FT PIERCE FL 34950

TITLE D ☐ Delete
NAME FENN, HAVERT
STREET ADDRESS 2601 AVE I
CITY-ST-ZIP FT PIERCE FL 34947

TITLE D ☐ Delete
NAME LEATH, MARK
STREET ADDRESS 10960 MYRTLEWOOD LN
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE D ☐ Delete
NAME PERRY, KEVIN
STREET ADDRESS 1327 D. PEPPERTREE TR
CITY-ST-ZIP FORT PIERCE FL 34950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Havert L. Fenn - 2/22/06 (772) 461-7336*