

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 010 ****61.25

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1. Entity Name

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



Principal Place of Business

2601 AVENUE I
FT PIERCE FL 34947 - 5978

Mailing Address

2601 AVENUE I
FT PIERCE FL 34947



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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, BROTHOR M
STREET ADDRESS: 2602 AVE P
CITY-STATE-ZIP: FT PIERCE FL 34947

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

TITLE: DS ☐ Delete
NAME: CLARK, BENNIE
STREET ADDRESS: 1812 AVE M
CITY-STATE-ZIP: FT PIERCE FL 34950

TITLE: D ☐ Delete
NAME: FENN, HAVERT L.
STREET ADDRESS: 2601 AVE I
CITY-STATE-ZIP: FT PIERCE FL 34947 - 5978

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☒ Change ☐ Addition
NAME: Flowers, Ralph
STREET ADDRESS: 5104 San Diego Avenue
CITY-STATE-ZIP: Fort Pierce, FL 34946

TITLE: T ☒ Change ☐ Addition
NAME: Keith Davis
STREET ADDRESS: 264 SW Covington Road
CITY-STATE-ZIP: Fort Pierce, FL 34953

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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 3-2-2007 (772) 461-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #