2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# N97000001762

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

Current Principal Place of Business:

2531 SW FONDURA ROAD
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1371
FT PIERCE, FL 34954

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:

WOOD, KAHARI T
2531 SW FONDURA ROAD
PORT SAINT LUCIE, FL 34953 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:	P	( ) Delete
Name:	FLOWERS, RALPH	
Address:	5104 SAN DIEGO AVENUE	
City-St-Zip:	FORT PIERCE, FL 34946 US	
Title:	VP	( ) Delete
Name:	HINTON, LEWIS B JR	
Address:	4401 EVERGREEN AVE.	
City-St-Zip:	FORT PIERCE, FL 34947 US	
Title:	T	( ) Delete
Name:	CORNETT, JULLIAN	
Address:	5796 N.W. BELWOOD CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986 US	
Title:	FS	( ) Delete
Name:	WOOD, KAHARI T	
Address:	2531 SW FONDURA ROAD	
City-St-Zip:	PORT SAINT LUCIE, FL 349453 US	
Title:	RS	( ) Delete
Name:	WRIGHT, PAUL	
Address:	926 GRAND RESERVE BLVD	
City-St-Zip:	PORT SAINT LUCIE, FL 34986 US	
Title:	D	( ) Delete
Name:	PERRY, KEVIN	
Address:	5456 NW MODEL COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34986 US	

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 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: JULIAN CORNETT TREA 08/10/2009
Electronic Signature of Signing Officer or Director — Date