

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90057 023 ****61.25

DOCUMENT # N97000002943

1. Corporation Name

XI DELTA SCHOLARSHIP FOUNDATION OF CHI PHI, INC.

Principal Place of Business
3850 BEECHGROVE ROAD
MELBOURNE FL 32934

Mailing Address
3850 BEECHGROVE ROAD
MELBOURNE FL 32934



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3472962	
22		27		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HANDA, SUNDEEP 3850 BEECHGROVE ROAD MELBOURNE FL 32934				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HANDA, SUNDEEP				
STREET ADDRESS	3850 BEECHGROVE ROAD				
CITY-ST-ZIP	MELBOURNE FL 32934				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ZEBULSKE, TODD E				
STREET ADDRESS	3850 BEECHGROVE ROAD				
CITY-ST-ZIP	MELBOURNE FL 32934				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BLAKER, SPENCER M				
STREET ADDRESS	3850 BEECHGROVE ROAD				
CITY-ST-ZIP	MELBOURNE FL 32934				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	EVELAND, JOHN ATHON				
STREET ADDRESS	1605 COLUMBIA PINES LANE #1807				
CITY-ST-ZIP	BRANDON FL 33511				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	JAMES E. WHITE, JR.				
4.3 STREET ADDRESS	3850 BEECHGROVE ROAD				
4.4 CITY-ST-ZIP	MELBOURNE, FL 32934				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	DAVID F. DAVIS				
5.3 STREET ADDRESS	3850 BEECHGROVE ROAD				
5.4 CITY-ST-ZIP	MELBOURNE, FL 32934				
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	ANDREW J. ZIEGLER				
6.3 STREET ADDRESS	3850 BEECHGROVE ROAD				
6.4 CITY-ST-ZIP	MELBOURNE, FL 32934				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SUNDEEP HANDA
PRESIDENT

Date

4/29/99

Daytime Phone #

407-422-9863

CR2E037 (11/98)

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