

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006685

FILED
Feb 12, 2008
Secretary of State

Entity Name: ALPHA PHI ALPHA EDUCATIONAL SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1707 HILTONIA CIRCLE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 866
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0751871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JAMES L
6651 HATTERAS DRIVE
LAKE WORTH, FL 33467 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: C () Delete
Name: WHITE, CHARLES E
Address: 1707 HILTONIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VC () Delete
Name: ROBINSON, ISAAC
Address: 3905 SHELLEY ROAD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: FIELDS, ALFRED
Address: 3618 NORTSHORE DR
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: DAVIS, JAMES L
Address: 6651 HATTERAS DR
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: NORWOOD, MICHAEL N
Address: 5713 DESCARTES CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BELL, MORRIS L
Address: 3924 AUSTRALIAN COURT
City-St-Zip: WEST PALM BEACH, FL 33407

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: MORRIS L. BELL

D

02/12/2008

Electronic Signature of Signing Officer or Director

Date