2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90075 047 ****61.25

DOCUMENT # N98000006697

1. Entity Name
DELTA LAMBDA SIGMA CHAPTER OF PHI BETA SIGMA, FRATERNITY, INC.

Principal Place of Business
2207 AVENUE O
FORT PIERCE, FL 34950

Mailing Address
PO BOX 1881
FORT PIERCE, FL 34954

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

02252007 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1689823
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BURNS, SIMMIE W
1908 AVENUE G
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent
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

Filing 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	SD	☐ Delete
NAME	BURNS, RUFUS	
STREET ADDRESS	2207 AVENUE O	
CITY-ST-ZIP	FORT PIERCE, FL 34950	

TITLE	PD	☐ Delete
NAME	DELANCY, ROBERT	
STREET ADDRESS	702 SE BREAKWATER AVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	

TITLE	TD	☐ Delete
NAME	BURNS, SIMMIE W	
STREET ADDRESS	1908 AVENUE G	
CITY-ST-ZIP	FORT PIERCE, FL 34950	

TITLE	D	☒ Delete
NAME	MOORE, PRIMUS	
STREET ADDRESS	6280 NE 72ND CIRCLE APT 7	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	

TITLE	VD	☐ Delete
NAME	WASHINGTON, DAVID	
STREET ADDRESS	2043 AIROSO BLVD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	

TITLE	D	☐ Delete
NAME	THOMAS, JAMES JR	
STREET ADDRESS	3907 AVENUE 'L'	
CITY-ST-ZIP	FORT PIERCE, FL 34947	

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	O	☐ Change ☒ Addition
NAME	LOMAN, THOMAS	
STREET ADDRESS	1501 N. 35TH ST.	
CITY-ST-ZIP	FORT PIERCE, FL 34947	

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 Chapter 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: Simmie W Burns — Feb. 25, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #