

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006697

FILED
Sep 14, 2009
Secretary of State

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

Current Principal Place of Business:

2207 AVENUE O
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

PO BOX 1881
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 31-1689823 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

BURNS, SIMMIE W
1908 AVENUE G
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

BURNS, SIMMIE W
9304 NATURE'S WAY
FORT PIERCE, FL 34945 US

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: _____

09/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BURNS, RUFUS
Address: 2207 AVENUE O
City-St-Zip: FORT PIERCE, FL 34950

Title: PD () Delete
Name: WASHINGTON, DAVID
Address: 3000 LANGSTON DRIVE
City-St-Zip: FT PIERCE, FL 34946

Title: TD () Delete
Name: BURNS, SIMMIE W
Address: 1908 AVENUE G
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: LOMAN, THOMAS
Address: 1501 N. 35TH ST.
City-St-Zip: FORT PIERCE, FL 34947

Title: VD () Delete
Name: DOVER, LARRY E
Address: 7846 SE HILLTOP TERR.
City-St-Zip: HOBE SOUND, FL 33475

Title: D () Delete
Name: THOMAS, JAMES JR
Address: 3907 AVENUE 'L'
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BURNS, SIMMIE W
Address: 9304 NATURE'S WAY
City-St-Zip: FORT PIERCE, FL 34945

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: SIMMIE W. BURNS

TD

09/14/2009

Electronic Signature of Signing Officer or Director

Date