2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005202

Apr 15, 2005 Secretary of State

Entity Name: DELTA SIGMA PHI FRATERNITY, ALPHA CHI CHAPTER, ALUMNI CONTROL BOARD,

INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

ONE BISCAYNE TOWER SUITE 3550 TWO S BISCAYNE BLVD MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

ONE BISCAYNE TOWER SUITE 3550 TWO S BISCAYNE BLVD MIAMI, FL 33131

FEI Number: 59-1746731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAMONT & NEIMAN, P.A. LAMONT NEIMAN INTERIAN & BELLET, P.A. TWO S BISCAYNE BLVD SUITE 3550 TWO S BISCAYNE BLVD SUITE 3550 US

MIAMI, FL 33131 US MIAMI, FL 33131

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: ROBERT S. LAMONT, ESQ 04/15/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

NOKOMIS, FL 34275

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HARBIN, GRANT BUTH, DAVID Name: Name:

229 FLAME AVENUE Address: 300 SPALDING WAY Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: DELAND, FL 32724

Title: SD Title: (X) Change () Addition () Delete WILSON, JEFF Name: HARBIN, GRANT Name:

Address: 4243 W. LAKE MARY BLVD. Address: 229 FLAME AVENUE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete Title: (X) Change () Addition

HOEFLING, MARK KELTON, RUSSELL Name: Name: 413 OAK HILL DRIVE 816 W. WISCONSIN AVENUE Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: DELAND, FL 32720

Title: () Delete Title: SD (X) Change () Addition

Name: THOMPSON, WILLIAM M Name: WILSON, JEFF 2523 BAYSHORE ROAD 3405 WHIPPOORWILL CT. Address: Address:

Title: (X) Delete Title: () Change () Addition

SANDERS, ROGER Name: Name: 375 FISHING LANE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

TAYLOR, SIDNEY H Name: Name: Address: 818 OAKTREE TERRACE Address: DELAND, FL 32724 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SANFORD, FL 32773

SIGNATURE: GRANT HARBIN **VPD** 04/15/2005