

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90027 049 ****61.25

DOCUMENT # N99000005202

1. Entity Name
**DELTA SIGMA PHI FRATERNITY, ALPHA CHI CHAPTER,
ALUMNI CONTROL BOARD, INCORPORATED**



Principal Place of Business
**ONE BISCAYNE TOWER SUITE 3550
TWO S BISCAYNE BLVD
MIAMI, FL 33131**

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

40070126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1746731

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMONT NEIMAN INTERIAN & BELLET, P.A.
TWO S BISCAYNE BLVD SUITE 3550
MIAMI, FL 33131**

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, 2008**

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 PD
NAME SANDER, ROGER
STREET ADDRESS 395 FISHING LANE
CITY-ST-ZIP DELAND, FL 32720 *KIP* ☒ Delete

TITLE VPD
NAME HARBIN, GRANT
STREET ADDRESS 229 FLAME AVENUE
CITY-ST-ZIP MAITLAND, FL 32751 ☐ Delete

TITLE TD
NAME KELTON, RUSSELL
STREET ADDRESS 816 W. WISCONSIN AVENUE
CITY-ST-ZIP DELAND, FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME KIP RUPP
STREET ADDRESS 575 East Ave. NE
CITY-ST-ZIP Atlanta, GA 30312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

to avoid delinquent charge