2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N99000005202

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
TWO S BISCAYNE BLVD SUITE 3550
MIAMI, FL 33131 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: VPD ( ) Delete
Name: HARBIN, GRANT
Address: 229 FLAME AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: TD ( ) Delete
Name: KELTON, RUSSELL
Address: 816 W. WISCONSIN AVENUE
City-St-Zip: DELAND, FL 32720

Title: P ( ) Delete
Name: RUPP, KIP
Address: 575 E AVE NE
City-St-Zip: ATLANTA, GA 30312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: COLLINS, CHRISTIAN
Address: 358 MADDOCK ST.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD (X) Change ( ) Addition
Name: SAMUEL, MICHAEL
Address: 1420 BONNIE BURN CIRCLE
City-St-Zip: WINTER PARK, FL 32789

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: KIP RUP P 03/26/2009

Electronic Signature of Signing Officer or Director — Date