

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 036 ****61.25

DOCUMENT # N05000009179

1. Entity Name
ALPHA NU HOUSING CORPORATION



Principal Place of Business
**1152 EAST PANHELLENIC DRIVE
GAINESVILLE, FL 32601**

Mailing Address
**1152 EAST PANHELLENIC DRIVE
GAINESVILLE, FL 32601**

50011689



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162006 Chg-NP CR2E037 (11/05)

4. FEI Number

59-6203032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **ANN SUTPHIN**

Street Address (P.O. Box Number is Not Acceptable)

1152 EAST PANHELLENIC DRIVE

City **GAINESVILLE**

FL

Zip Code

32601

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

Ann Sutphin

ANN SUTPHIN

2/16/06

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **DPST** ☒ Delete
NAME **ASHBEY, MELISSA**
STREET ADDRESS **1152 EAST PANHELLENIC DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPST** ☒ Change ☐ Addition
NAME **WALSH, MELISSA**
STREET ADDRESS **1152 EAST PANHELLENIC DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

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

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

TITLE ☐ Change ☐ Addition
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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:

Melissa A. Walsh

2/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #