# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2008**
**Secretary of State**

DOCUMENT# N05000010964

**Entity Name:** CHI PHI FRATERNITY-THETA DELTA CHAPTER, INC

**Current Principal Place of Business:**

121 NW 3RD STREET
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

121 NW 3RD STREET
OCALA, FL 34475

**New Mailing Address:**

**FEI Number: 20-3675713** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SIMONS, GARY C
121 NW THIRD ST
OCALA, FL 34475 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: DP ( ) Delete
Name: BRIGHTON, KENNY
Address: 1614 NW 3RD PL
City-St-Zip: GAINSVILLE, FL 32603

Title: DT ( ) Delete
Name: SARRINE, EDDIE
Address: 14024402 BROWARD HALL
City-St-Zip: GAINESVILLE, FL 32612

Title: DS (X) Delete
Name: LIMPERT, JOSEPH
Address: 1614 NW 3RD PL
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete
Name: ARCKES, ERIC
Address: 1231 SW 3RD AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Delete
Name: FLAHERTY, BRYAN
Address: 1614 NW 3RD
City-St-Zip: GAINSVILLE, FL 32612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: HOLMES, NICKOLAS
Address: 1 FRATERNITY ROW
City-St-Zip: GAINSVILLE, FL 32603

Title: DT (X) Change ( ) Addition
Name: EHRLICH, JASON
Address: 1 FRATERNITY ROW
City-St-Zip: GAINESVILLE, FL 32603

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: NICKOLAS HOLMES DP 01/17/2008

Electronic Signature of Signing Officer or Director — Date