2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

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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:

1 FRATERNITY ROW
GAINESVILLE, FL 32603

Current Mailing Address:

121 NW 3RD STREET
OCALA, FL 34475

New Mailing Address:

PO BOX 13117
GAINESVILLE, FL 32604

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: HOLMES, NICKOLAS
Address: 1 FRATERNITY ROW
City-St-Zip: GAINSVILLE, FL 32603

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS ( ) Change (X) Addition
Name: CLAUS, ANDREW
Address: 1 FRATERNITY ROW
City-St-Zip: GAINESVILLE, FL 32603

Title: DVP ( ) Change (X) Addition
Name: DECKERS, KEVIN
Address: 1 FRATERNITY ROW
City-St-Zip: GAINESVILLE, FL 32603

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: GARY SIMONS DA 04/30/2009

Electronic Signature of Signing Officer or Director — Date