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May 15 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20266 (5)

1. Corporation Name
ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, INCORPORATED



Principal Place of Business: 627 SW 12TH ST, GAINESVILLE FL 32601
Mailing Address: 627 SW 12TH ST, GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 04/21/1987
4. FEI Number: 59-3211312
Applied For: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields for Suite, City, State, and Zip.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WINARSKY, IRA H
244 ARCH
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-5701

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *IRA Winarsky* PROP. IRA WINARSKY DATE: 4/29/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, JENNIFER	
STREET ADDRESS	127 SE 18TH AVE., APT. S-201	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, ROBERT S.	
STREET ADDRESS	627 SW 12TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAMAS, ORLANDO	
STREET ADDRESS	3500 WINDMEADOWS BLVD #101	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAY, KIMBERLY	
STREET ADDRESS	3913 SW 26 DRIVE APT D	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHERIDAN, M. SCOTT	
STREET ADDRESS	627 SW 12TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHIDDON, STEPHANIE	
STREET ADDRESS	205 SE 18TH AVE., APT. 31-C	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BR HICKS, BRANDON	
1.3 STREET ADDRESS	627 SW 12 ST.	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
2.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUN, SAMUEL	
2.3 STREET ADDRESS	309 SW 16 AVE. #220	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
3.1 TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCGOWAN, MICHAEL	
3.3 STREET ADDRESS	627 SW 12 ST.	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
4.1 TITLE	TID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BROSS, JAMES	
4.3 STREET ADDRESS	988 SW 16 AVE	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
5.1 TITLE	PID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PERKINS, CHARLOTTE	
6.3 STREET ADDRESS	627 SW 12 ST	
6.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Robert Ford* ROBERT FORD DATE: 4/29/98 (352) 378-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0010578

CR2E037 (10/97)