

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N20266

Entity Name: ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, INCORPORATED

Current Principal Place of Business:

231 ARCHITECTURE BUILDING
GAINESVILLE, FL 326115702

New Principal Place of Business:

Current Mailing Address:

231 ARCHITECTURE BUILDING
GAINESVILLE, FL 326115702

New Mailing Address:

FEI Number: 59-3211312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, ROBERT E
4051 SE 17TH PLACE
OCALA, FL 34471 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: P () Delete
Name: HICKS, NATALIE B MS.
Address: 2601 SW ARCHER RD K144
City-St-Zip: GAINESVILLE, FL 32608 US

Title: V () Delete
Name: BLYTHE, KIMBERLY MS.
Address: 1406 SW 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: V () Delete
Name: ROLLINS, PATRICK MR.
Address: 2601 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T () Delete
Name: DARK, JAYMON MR.
Address: 2600 SW WILLISTON APT 601
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S () Delete
Name: ST. PETER, SHAYNA MS.
Address: 1123 SW 5TH AVE APT J
City-St-Zip: GAINESVILLE, FL 32606 US

Title: S () Delete
Name: MCGINN, RYAN MR
Address: 3100 SW 35TH PLACE APT 29E
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLYTHE, KIMBERLY M MS.
Address: 1406 SW 25TH PL
City-St-Zip: GAINESVILLE, FL 32608 US

Title: V (X) Change () Addition
Name: ARTEZA, JOE MR.
Address: 1810 NW 23RD BLVD APT. 192
City-St-Zip: GAINESVILLE, FL 32605 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY BLYTHE

P

01/16/2008

Electronic Signature of Signing Officer or Director

Date