

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37578** (4)

1. Corporation Name  
**THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CORPORATION**



Principal Place of Business: % R. CHARLES SCOTT, 6658 AVENUE B, SARASOTA FL 34231  
Mailing Address: % R. CHARLES SCOTT, 6658 AVENUE B, SARASOTA FL 34231

3. Date Incorporated or Qualified: 04/06/1990  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	65-0221800	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, R. CHARLES  
6658 AVENUE B.  
SARASOTA FL 34231

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRILL, MARK			1.2 NAME	JIM VIANDLA		
STREET ADDRESS	3680 TERRAPIN LANE, #510			1.3 STREET ADDRESS	426 N.W. 19th AVE		
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-ST-ZIP	GAINESVILLE, FL 32609		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIRBY, DAVID			2.2 NAME	BILL LAWTON		
STREET ADDRESS	4301 LAKE HAVEN ROAD			2.3 STREET ADDRESS	6260 S.W. 8th PL		
CITY-ST-ZIP	SEBRING FL			2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LIST, EDWARD			3.2 NAME	RUSS THRESHER		
STREET ADDRESS	490 10TH CT.			3.3 STREET ADDRESS	4836 N.W. 22nd ST		
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, SCOTT			4.2 NAME	BOB WILLITS		
STREET ADDRESS	2572 PINERIDGE RD.			4.3 STREET ADDRESS	8216 S.W. 2nd PL		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	BOB HEISLER		
STREET ADDRESS				5.3 STREET ADDRESS	2821 N.W. 142nd AVE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	GAINESVILLE, FL 32609		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	DAVE THOMAS		
STREET ADDRESS				6.3 STREET ADDRESS	6260 S.W. 8th PL		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	GAINESVILLE, FL 32607		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 941-925-7808

Date Daytime Phone #

CR2E037 (12/95)