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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N37578

THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CO **RPORATION**

RPORATION										
Principal Place of Business	M	ailing Address		···········		i skanski bah anni a	Bob i Tokk Igodi K	I (1 410 4) 410 11 410 11	LINKO DIRAK DIDILI ADD	ı
% R. CHARLES SCOTT 6658 AVENUE B SARASOTA FL 34231	66	R. CHARLES SCOTT ISS AVENUE B ARASOTA FL 34231-8852								
	•					Date Incorporated of 04/06/1990	r Qualified	3a. Date of La 02/20	st Report 3/1996	
Principal Place of Business 1	2a. 26	Mailing Address			4.	FEI Number 65-0221800)		Applied For Not Applicab	9
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status	Desired		75 Additional e Required	ٽـــــــــــــــــــــــــــــــــــــ
22 City & State	[27]	City & State	. , ,		6.	Election Campaign	Financing		00 May Be	
23	28		r			Trust Fund Contribu	tion		ded to Fees	
L Z+p L Cc	ountry	Zip	Country	y	8.	This corporation has			ier s. 199.032,	
24 25 9 Name and A	29 Address of Current Regis		30		10.	Florida Statutes Name and Address				
<u> </u>			61	Name						
SCOTT, R. CHARLES			82	Street	Address (F	P.O. Box Number is N	lot Acceptable	9)		
6658 AVENUE B. SARASOTA FL 34231			83		·					
ONINOUNTE OFECT			84	City	· · · · · · · · · · · · · · · · · · ·			85	Zip Code	
4			ľ		· · · · · · · · · · · · · · · · · · ·			FL	_ •	
Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and	Sections 617,0502 and 6 both, in the State of Florid	i17.1508, Florida Statute da. Such change was a	es, the aboving the state of th	e-named y the com	l corporatio poration's t	in submits this statem coard of directors. I h	ent for the puriereby accept	rpose of chang the appointmen	ing its registere it as registered	d
agent. I am familiar with, and	d accept the obligations o	f, Section 617.0503, Flo	rida Statute	8.	,		•			
SIGNATURE Signature Proof of poors	d name of registered agent and title	(nonlicable (NOTE	Registered Ag	ent elnostera	a topulted when	reinstation)		DATE		_
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14. I do 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.

(BIX HAWTON)

FILED

Mar 31 1997 8:00am

Secretary of State