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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37578 (4)

1. Corporation Name

THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CO
RPORATION

Principal Place of Business

Mailing Address

% R. CHARLES SCOTT
6658 AVENUE B
SARASOTA FL 34231

% R. CHARLES SCOTT
6658 AVENUE B
SARASOTA FL 34231-8852



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1990

3a. Date of Last Report

02/26/1996

4. FEI Number

65-0221800

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 '92

TITLE SD ☐ DELETE

NAME VIGNOLA, JIM
STREET ADDRESS 426 NW 19TH AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE DP ☐ DELETE

NAME LAWTON, BILL
STREET ADDRESS 6260 SW 8TH PL 4011 NW 31ST TERR.
CITY-ST-ZIP GAINESVILLE FL

TITLE DT ☐ DELETE

NAME THRESHER, RUSS
STREET ADDRESS 4836 NW 22ND ST
CITY-ST-ZIP COCONUT CREEK FL

TITLE D ☐ DELETE

NAME WILLITS, BOB
STREET ADDRESS 8216 SW 2ND PL
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME HEISLER, BOB
STREET ADDRESS 2721 NW 142ND AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME THOMAS, DAVE
STREET ADDRESS 6260 SW 8TH PL 4011 NW 31ST TERR.
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Vaughn, Ryan W.
1.3 STREET ADDRESS 6536 SW 80th St.
1.4 CITY-ST-ZIP Gainesville, FL 32608

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/97 (352)372-2885

Date Daytime Phone # 0040887

CR2E037 (9/96)