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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90039 045 \*\*\*\*61.25

**DOCUMENT # N37578**

1. Corporation Name

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

Principal Place of Business

% R. CHARLES SCOTT  
6658 AVENUE B  
SARASOTA FL 34231

Mailing Address

% R. CHARLES SCOTT  
6658 AVENUE B  
SARASOTA FL 34231



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/06/1990

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

9. Name and Address of Current Registered Agent

SCOTT, R. CHARLES  
6658 AVENUE B  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

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

TITLE D  
NAME VAUGHN, RYAN W.  
STREET ADDRESS 6536 SW 80TH ST.  
CITY-ST-ZIP GAINESVILLE FL

TITLE ~~DP~~  
NAME ~~LAWTON, BILL~~  
STREET ADDRESS ~~4011 NW 31ST TERRACE~~  
CITY-ST-ZIP ~~GAINESVILLE FL~~

TITLE ~~DT~~  
NAME ~~THRESHER, RUSS~~  
STREET ADDRESS ~~4838 NW 22ND ST~~  
CITY-ST-ZIP ~~GAINESVILLE FL~~

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

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

TITLE ~~D~~  
NAME ~~THOMAS, DAVE~~  
STREET ADDRESS ~~4011 NW 31ST TERRACE~~  
CITY-ST-ZIP ~~GAINESVILLE FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME KEILL, MARK  
1.3 STREET ADDRESS 1859 N. PINE ISLAND RD # 261  
1.4 CITY-ST-ZIP PLANTATION, FL 33322

2.1 TITLE DT  
2.2 NAME BUFFINGTON, CHRIS  
2.3 STREET ADDRESS P.O. Box 1742  
2.4 CITY-ST-ZIP HIGH SPRINGS, FL 32643

3.1 TITLE D  
3.2 NAME CORNELL, JOHN  
3.3 STREET ADDRESS 9321 NW 11th PLACE  
3.4 CITY-ST-ZIP GAINESVILLE, FL 32606

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)