


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90105 002 \*\*\*\*61.25

<b>DOCUMENT # N37578</b>	
<b>1. Entity Name</b>	
THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CORPORATION	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
% R. CHARLES SCOTT 6658 AVENUE B SARASOTA FL 34231	% R. CHARLES SCOTT 6658 AVENUE B SARASOTA FL 34231

**50028750**



1st MOORE CR2E037 (10/04)

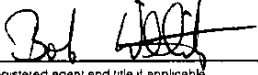
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
c/o Bob Willits 8612 S.W. 2nd Place	c/o Bob Willits 8612 S.W. 2nd Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32607	Country USA

<b>4. FEI Number</b>	<b>Applied For</b>
65-0221800	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
SCOTT, R. CHARLES 6658 AVENUE B. SARASOTA FL 34231

<b>7. Name and Address of New Registered Agent</b>
Name: Bob Willits
Street Address: 8612 S.W. 2nd Place
City: Gainesville FL Zip Code: 32607

<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>
SIGNATURE:  DATE: 3/7/05

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYHURST, JIM 6015 KLARE DRIVE KEYSTONE HEIGHTS FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren Smith 1721 Longview Lane Tampa Springs, FL 34689-1978 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLITS, BOB 8216 SW 2ND PL GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, PETER 3010 NW 19TH AVE HIGH SPRINGS FL 32643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed. Kellar 3203 SW 157th Terrace Ancher, FL 32618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, CHARLIE 6658 AVE B SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jody Wolfe PO Box 2924 Clearwater, FL 33757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>	
SIGNATURE:  DATE: 3/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	