

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37578

FILED
Apr 01, 2006
Secretary of State

Entity Name: THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CORPORATION

Current Principal Place of Business:

C/O BOB WILLITS
8612 SW 2ND PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

C/O WARREN SMITH
1721 LONGVIEW LANE
TARPON SPRINGS, FL 346891978 US

Current Mailing Address:

C/O BOB WILLITS
8612 SW 2ND PLACE
GAINESVILLE, FL 32607

New Mailing Address:

C/O WARREN SMITH
1721 LONGVIEW LANE
TARPON SPRINGS, FL 346891978 US

FEI Number: 65-0221800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLITS, BOB
8612 SW 2ND PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, WARREN
Address: 1721 LONGVIEW LANE
City-St-Zip: TARPON SPRINGS, FL 346891978

Title: DT () Delete
Name: WILLITS, BOB
Address: 8216 SW 2ND PL
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: KELLAR, ED
Address: 3203 SW 157TH TERR
City-St-Zip: ARCHER, FL 32618

Title: DP () Delete
Name: WOLFE, JUDY
Address: PO BOX 2924
City-St-Zip: CLEARWATER, FL 33757

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, WARREN
Address: 1721 LONGVIEW LANE
City-St-Zip: TARPON SPRINGS, FL 346891978

Title: DT (X) Change () Addition
Name: KIRBY, DAVID
Address: 5322 DOEHRING LANE
City-St-Zip: MULBERRY, FL 33860 US

Title: DV (X) Change () Addition
Name: KELLAR, ED
Address: 500 N.W. 54TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DS (X) Change () Addition
Name: WESTBROOK, NED
Address: 5720 MORTON ROAD
City-St-Zip: ALPHARETTA, GA 30022 US

Title: D () Change (X) Addition
Name: WOLFE, JOE
Address: PO BOX 2924
City-St-Zip: CLEARWATER, FL 33757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN SMITH

DP

04/01/2006

Electronic Signature of Signing Officer or Director

_____ Date