


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N37578

1. Entity Name
THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CORPORATION



Principal Place of Business C/O WARREN SMITH 1721 LONGVIEW LANE TARPON SPRINGS, FL 34689-1978 US	Mailing Address C/O WARREN SMITH 1721 LONGVIEW LANE TARPON SPRINGS, FL 34689-1978 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0221800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLITS, BOB
 8812 SW 2ND PLACE
 GAINESVILLE, FL 32607**

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, WARREN 1721 LONGVIEW LANE TARPON SPRINGS, FL 346891978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KIRBY, DAVID 5322 DOEHRING LANE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KELLAR, ED 500 N.W. 54TH TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTBROOK, NED 5720 MORTON ROAD ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, JOE PO BOX 2924 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000593163
 01/22/07-80021-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **WARREN A. SMITH**
 PRESIDENT

Date: **1/16/07** Daytime Phone #: **(727) 945-1043**