

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 28, 2009
Secretary of State**

DOCUMENT# N37578

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0471263 **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: DP () Delete
Name: SMITH, WARREN
Address: 1721 LONGVIEW LANE
City-St-Zip: TARPON SPRINGS, FL 346891978

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

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

Title: DS () Delete
Name: MARTINEZ, RAYMOND B
Address: 3221 HYDE PARK DR
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SMITH, DAVID
Address: 13126 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID SMITH

DT

02/28/2009

Electronic Signature of Signing Officer or Director

_____ Date