FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20266 (5)

1. Corporation Name

ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, I NCORPORATED

Principal Place of Business	Mailing Address
627 SW 12TH ST GAINESVILLE FL 32601	627 SW 12TH ST GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1987
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3211312 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JOHNSON, RALPH
331 ARCH
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-5701

10. Name and Address of New Registered Agent

81 Name: WINARSKY, IRA H.
82 Street Address (P.O. Box Number is Not Acceptable): 244 ARCH
83: UNIVERSITY OF FLORIDA
84 City: GAINESVILLE **FL** 85 Zip Code: 32611-5701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] IRA H. WINARSKY 4/26/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	CARLEEN, JON	1.2 NAME	DE MARTINI, ALESSANDRO	
STREET ADDRESS	627 SW 12TH ST	1.3 STREET ADDRESS	127 SE 16TH AVE, APT. S-201	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	2.1 TITLE	V/D	XX Change ☐ Addition
NAME	MONROE, MICHAEL	2.2 NAME	CAPUTO, TIMOTHY	
STREET ADDRESS	627 SW 12TH ST	2.3 STREET ADDRESS	627 SW 12TH ST	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VD	3.1 TITLE	V/D	XX Change ☐ Addition
NAME	GONGORA, ERIC	3.2 NAME	FORD, ROBERT	
STREET ADDRESS	627 SW 12TH ST	3.3 STREET ADDRESS	627 SW 12TH ST	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	TD	4.1 TITLE	T/D	XX Change ☐ Addition
NAME	FORD, ROBERT	4.2 NAME	STEPHAN, KARA	
STREET ADDRESS	627 SW 12TH ST	4.3 STREET ADDRESS	627 SW 12TH ST	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE		5.1 TITLE	S/D	☐ Change XX Addition
NAME		5.2 NAME	LEWIS, ROBERT	
STREET ADDRESS		5.3 STREET ADDRESS	3500 WINDMEADOWS BLVD, APT 64	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE		6.1 TITLE	S/D	☐ Change XX Addition
NAME		6.2 NAME	WHIDDON, STEPHANIE	
STREET ADDRESS		6.3 STREET ADDRESS	205 SE 16TH AVE, APT 31-C	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: [signature] Robert E. Ford, Jr. 4/27/95 (904) 371-6992
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

N20206

DIRECTORS TO BE ADDED:

D
SACASA, ANA PAOLA
1116-2 SW 6TH AVE
GAINESVILLE, FL 32601

D
JOCSON, DENNIS
627 SW 12TH ST
GAINESVILLE, FL 32601

D
OLIVER, ABIGAIL
1212 SW 5TH AVE
GAINESVILLE, FL 32601

D
BOU, JIMMARIE
89 SE 16TH ST, APT P-201
GAINESVILLE, FL 32601