

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20266** (5)

1. Corporation Name

ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, INCORPORATED



Principal Place of Business

Mailing Address

627 SW 12TH ST
GAINESVILLE FL 32601

627 SW 12TH ST
GAINESVILLE FL 32601

3. Date Incorporated or Qualified
04/21/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3211312

Not Applicable

22

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

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

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINAARSKY, IRA H ← misspelled correct →
244 ARCH
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-5701

81

Name **Winarsky, Ira H.**

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE
NAME **DE MARTINI, ALESSANDRO**
STREET ADDRESS **127 SE 16TH AVE., APT. S-201**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Jennifer Oliver**
1.3 STREET ADDRESS **127 SE 16th Ave Apt. S201**
1.4 CITY-ST-ZIP **Gainesville, FL. 32601**

TITLE **VD** ☐ DELETE
NAME **CAPUTO, TIMOTHY**
STREET ADDRESS **627 SW 12TH ST.**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Robert S. Lewis**
2.3 STREET ADDRESS **627 SW 12th St**
2.4 CITY-ST-ZIP **Gainesville, FL. 32601**

TITLE **VD** ☐ DELETE
NAME **FORD, ROBERT**
STREET ADDRESS **627 SW 12TH ST.**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Orlando Lamas**
3.3 STREET ADDRESS **3500 Windmeadows Blvd. #101**
3.4 CITY-ST-ZIP **Gainesville, FL. 32607**

TITLE **TD** ☐ DELETE
NAME **STEPHAN, KARA**
STREET ADDRESS **627 SW 12TH ST.**
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Kimberly S. Day**
4.3 STREET ADDRESS **3913 SW 26 Drive Apt. D**
4.4 CITY-ST-ZIP **Gainesville, FL. 32608**

TITLE **SD** ☐ DELETE
NAME **LEWIS, ROBERT**
STREET ADDRESS **3500 WINDMEADOWS BLVD., APT. 64**
CITY-ST-ZIP **GAINESVILLE FL**

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **M. Scott Sheridan**
5.3 STREET ADDRESS **627 SW 12th St.**
5.4 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **SD** ☐ DELETE
NAME **WHIDDON, STEPHANIE**
STREET ADDRESS **205 SE 16TH AVE., APT. 31-C**
CITY-ST-ZIP **GAINESVILLE FL**

6.1 TITLE **SD** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

M. Scott Sheridan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1996 (352)378-3615
Date Daytime Phone

CR2E037 (12/95)