## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001839

Entity Name: ALPHA RHO CHI FRATERNITY, AGAMEDES CHAPTER,

**INCORPORATED** 

**Current Principal Place of Business:** 

1223 DICKINSON DRIVE CORAL GABLES, FL 33146

**Current Mailing Address:** 

1223 DICKINSON DRIVE CORAL GABLES, FL 33146

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANKS, TIFFANI 1223 DICKINSON DRIVE CORAL GABLES, FL 33146 US

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: TIFFANI BANKS 04/24/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

NameBANKS, TIFFANINameHEURTELOU, REGYNEAddress1223 DICKINSON DRIVEAddress1223 DICKINSON DRIVECity-State-Zip:CORAL GABLES FL 33146City-State-Zip:CORAL GABLES FL 33146

Title S Title T

NameSTACK, SHANNONNameBARRETT, WILLIAMAddress1223 DICKINSON DRIVEAddress1223 DICKINSON DRIVECity-State-Zip:CORAL GABLES FL 33146City-State-Zip:CORAL GABLES FL 33146

City-State-Zip: CORAL GABLES FL 33146

Title SUPT

Name BURKE, MICHAEL

Address 1223 DICKINSON DRIVE

City-State-Zip: CORAL GABLES FL 33146

SIGNATURE: TIFFANI BANKS

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/24/2019

FILED Apr 24, 2019

**Secretary of State** 

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