

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20266

Entity Name: ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER,
INCORPORATED**Current Principal Place of Business:**231 ARCHITECTURE BUILDING
GAINESVILLE, FL 32611-5702**Current Mailing Address:**231 ARCHITECTURE BUILDING
GAINESVILLE, FL 32611-5702**FEI Number:** 59-3211312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, CASSIDY ELISE
505 SW 2ND AVE
2413 B
GAINESVILLE, FL 32601 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:** CASSIDY ELISE BROWN

03/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	EVANS, KIRSTEN
Address	1015 SW 3RD AVE.
City-State-Zip:	GAINESVILLE FL 32601

Title	VP
Name	MIKOS, DEREK
Address	1015 SW 3RD AVE.
City-State-Zip:	GAINESVILLE FL 32601

Title	T
Name	BATRONI, CHRISTINA
Address	1015 SW 3RD AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	S
Name	THORDIN, SOFIA
Address	1015 SW 3RD AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	VP
Name	CANATE, NATHALIE
Address	1015 SW 3RD AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	C
Name	BLEVINS, VERITY
Address	1015 SW 3RD AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	D
Name	BROWN, CASSIDY ELISE
Address	505 SW 2ND AVE 2413 B
City-State-Zip:	GAINESVILLE FL 32601

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.

SIGNATURE: CASSIDY ELISE BROWN

D

03/02/2018

Electronic Signature of Signing Officer/Director Detail

Date