

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001482

FILED
Jan 10, 2015
Secretary of State
CC4788177689

Entity Name: THE GRADUATE ASSOCIATION OF PHI GAMMA DELTA AT FLORIDA INTERNATIONAL UNIVERSITY, INC.

Current Principal Place of Business:

EWM - RON SHUFFIELD
355 ALHAMBRA CIRCLE, SUITE 950
CORAL GABLES, FL 33134

Current Mailing Address:

EWM - RON SHUFFIELD
355 ALHAMBRA CIRCLE, SUITE 950
CORAL GABLES, FL 33134

FEI Number: 65-0689397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, JONATHAN
126 MENDOZA AVE
APT 12
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name O'KURLEY, ASHLEY
Address 575 CRANDON BLVD, APT 812
City-State-Zip: KEY BISCAYNE FL 33149

Title VD
Name ROSS, JONATHAN
Address 126 MENDOZA AVE, APT 12
City-State-Zip: CORAL GABLES FL 33134

Title TD
Name GARCIA-CASARIEGO, LESTER
Address 1964 SW 151 PL
City-State-Zip: MIAMI FL 33185

Title SD
Name PINO, JAVIER
Address 1507 NW 113 AVENUE
City-State-Zip: PEMBROKE PINES FL 33026

Title D
Name LANDON, KIRK R
Address 255 ALHAMBRA CIRCLE #820
City-State-Zip: CORAL GABLES FL 33134

Title D
Name ALMARALES, WIL
Address 6957 SW 115 PL #B
City-State-Zip: MIAMI FL 33173

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: LESTER GARCIA-CASARIEGO

TREASURER

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date