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 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726379** **(1)**

1. Corporation Name

ALPHA GAMMA RHO CHAPTER HOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOEL PHILLIPS 407 SW 13TH ST GAINESVILLE FL 32601 US	C/O JOEL PHILLIPS PO BOX 2073 GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/10/1973
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-0145250 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PHILLIPS, JOEL C.
640 NE 2ND AVENUE
WILISTON FL 32696

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MACK, LARRY	1.2 NAME	
STREET ADDRESS	P.O. BOX 5475 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JOEL C	2.2 NAME	
STREET ADDRESS	640 NE 2ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MANN, DAVID	3.2 NAME	
STREET ADDRESS	1215 SOUTH 9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34747	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ELDER, SUMNER	4.2 NAME	
STREET ADDRESS	P.O. BOX 715 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	UMIKER, TOM	5.2 NAME	
STREET ADDRESS	4910 HWY. 574, WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	DENMARK, JOHN	6.2 NAME	
STREET ADDRESS	2153 HILL N DALE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32314	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)(i), 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: Joel C. Phillips JOEL C. PHILLIPS 4-29-95 904-377-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D03000