

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **726379** (1)  
1. Corporation Name  
**ALPHA GAMMA RHO CHAPTER HOUSE ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **05/10/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0145250**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACK, LARRY	
STREET ADDRESS	P.O. BOX 5475 N/A	
CITY - ST - ZIP	OCALA FL 34478	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JOEL C	
STREET ADDRESS	640 NE 2ND AVENUE	
CITY - ST - ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANN, DAVID	
STREET ADDRESS	1215 SOUTH 9TH STREET	
CITY - ST - ZIP	LEESBURG FL 34747	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELDER, SUMNER	
STREET ADDRESS	P.O. BOX 715 N/A	
CITY - ST - ZIP	OKECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UMIKER, TOM	
STREET ADDRESS	4910 HWY. 574, WEST	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DENMARK, JOHN	
STREET ADDRESS	2153 HILL N DALE DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL 32314	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joel C. Phillips* DATE: **2-3-96** DAYTIME PHONE #: **904 377-1140**

CF2E037 (12/95)