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FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USC/O JOEL PHILLIPS
PO BOX 2073
GAINESVILLE FL 32602-2073
US3. Date Incorporated or Qualified
05/10/19733a. Date of Last Report
02/07/19964. FEI Number
59-0145250Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, SUMNER	4.2 NAME	
STREET ADDRESS	P.O. BOX 715 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	KECHOBEE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

Date

Daytime Phone: 904-123-1234

CR2E037 (9/96)