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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/10/1973

4. FEI Number
59-0145250

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. <i>Clay Martin</i>
23. City & State	27. <i>P.O. Box 2073</i>
24. Zip	28. <i>Gainesville, FL</i>
25. Country	29. <i>32601</i>
	30. <i>USA</i>

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**PHILLIPS, JOEL C.
640 NE 2ND AVENUE
WILISTON FL 32698**

10. Name and Address of New Registered Agent

81 Name	<i>Clay Martin</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>3826 NW 266th St.</i>
83	
84 City	<i>Newberry</i>
85 State	FL
86 Zip Code	<i>32669</i>

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 *Clay Martin, Treas.* DATE *4/26/98*

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MACK, LARRY	
STREET ADDRESS	P.O. BOX 5475 N/A	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	PHILLIPS, JOEL C	
STREET ADDRESS	640 NE 2ND AVENUE	
CITY-ST-ZIP	WILLISTON FL 32698	
TITLE	D	<input type="checkbox"/>
NAME	MANN, DAVID	
STREET ADDRESS	1215 SOUTH 9TH STREET	
CITY-ST-ZIP	LEESBURG FL 34747	
TITLE	V	<input type="checkbox"/>
NAME	ELDER, SUMNER	
STREET ADDRESS	P.O. BOX 715 N/A	
CITY-ST-ZIP	OKECHOBEE FL	
TITLE	D	<input type="checkbox"/>
NAME	UMKER, TOM	
STREET ADDRESS	4910 HWY. 574, WEST	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	VD	<input type="checkbox"/>
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		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Stewart, Edward		
1.3 STREET ADDRESS	1507 Belleau Wood Dr.		
1.4 CITY-ST-ZIP	Tallahassee, FL 32312		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Mack, Larry		
2.3 STREET ADDRESS	P.O. Box 5475 N/A		
2.4 CITY-ST-ZIP	Ocala FL 34478		
3.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Martin, Clay		
3.3 STREET ADDRESS	3826 NW 266th St.		
3.4 CITY-ST-ZIP	Newberry FL 32669		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if an attachment with an address.

SIGNATURE: *Clay Martin* DATE *4/26/98* (904) 966-6308

CR2E037 (10/97)