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Apr 28, 1999 8:00 am
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04-28-1999 90027 025 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726379

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
MARTIN, CLAY
P O BOX 2073
GAINESVILLE FL 32601
US



2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26 P.O. Box 1403
Suite, Apt. #, etc.
27
City & State
28 Newberry, FL
Zip
29 32669
Country
30 USA

3. Date Incorporated or Qualified
05/10/1973

4. FEI Number
59-0145250
Applied For
No: 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

9. Name and Address of Current Registered Agent
MARTIN, CLAY
3826 NW 266TH ST
NEWBERRY FL 32669

10. Name and Address of New Registered Agent
81 Name CLAY MARTIN
82 Street Address (P.O. Box Number is Not Acceptable)
135 NW 266th St.
83
84 City NEWBERRY FL 85 Zip Code 32669

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 DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, EDWARD	
STREET ADDRESS	1507 BELLEAU WOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACK, LARRY	
STREET ADDRESS	P O BOX 5415 N/A	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, CLAY	
STREET ADDRESS	3826 NW 266TH ST	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELDER, SUMNER	
STREET ADDRESS	P.O. BOX 715 N/A	
CITY-ST-ZIP	KEECHOBEE 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daniel McKinnon	
1.3 STREET ADDRESS	1026 NW 21ST Terr.	
1.4 CITY-ST-ZIP	Gainesville FL 32605	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAY MARTIN	
3.3 STREET ADDRESS	135 NW 266th St.	
3.4 CITY-ST-ZIP	NEWBERRY, FL 32669	
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 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, with all other like empowered

SIGNATURE: Clay Martin DATE 4/26/99 352-374-3670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)