


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 015 ****61.25

DOCUMENT # 726379

1. Entity 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
**P O BOX 1086
 ALACHUA, FL 32616 US**

94048986

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0145250

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SCARBOROUGH, ROGER
 2435 NW 28TH PLACE
 GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNON, DANIEL 1026 NW 21ST TERR. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>See attached.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, LARRY P O BOX 5415 N/A OCALA, FL 34478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCARBOROUGH, ROGER 2435 NW 28TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, BRYCE 4203 EILAND DR SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, WALLACE 11828 COUNTY RD 49 LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, ED 1507 BELLEAU WOOD DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger Scarborough **ROGER Scarborough** 4/7/2004 386-462-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Alpha Gamma Rho Chapter House Association, Inc. Board
2003-2004**

*Attachment
ID# 726379*

Office	Name	Address	Office	Name	Address
President	Ray Hodge	19203 121 st Road McAlpin, FL 32062	Director	Matt Walter	217 Georgia Ave. St Cloud, FL 34769
Secretary/ Treasurer	Roger Scarborough	2435 NW 28 th Place Gainesville, FL 32605	Director	Mike Puckett	3209 West Morrison Ave. Tampa, FL 33629
Director	Derick Thomas	R.R 22 Box 22620 Lake City, FL 32024	Director	Shawn Crocker	3330 Sam Allen Oaks Circle Plant City, FL 33565
Director	Dan McKinnon	1021 NW 42 nd Drive Gainesville, FL 32605	Director	Brian Cardin	5556 Highlands Vista Circle Lakeland, FL 33813
Director	Chris Franklin	2455 Dallwood- Cypress Road Grandridge, FL 32442	Director	Mike Buckley	5104 9 th Ave. Drive West Bradenton, FL 34209
Director	Bud Riviere	2387 Joe White Road Bonifay, FL 32425	Director	Bo Rich	308 Riverside Drive Wauchula, FL 33873
Director	John Denmark	2015 Hill-n-Dale Drive North Tallahassee, FL 32317	Director	Bryce Kelly	1441 Lake Lotela Drive Avon Park, FL 33825
Director	Keith Shiver	Rt. 1 Box 581 Mayo, FL 32066	Director	Jeff Sumner	393 SW 67 th Drive Okeechobee, FL 34974
Director	Chuck Brannan	10654 Hillside Drive Maccleenny, FL 32063	Director	Pat McElroy	341 West Ventura Avenue Clewiston, FL 33440
Director	Chad "Cracker" Johnson	7650 NW 50 th Street Chiefland, FL 32626	Director	Dale Zimmerman	232 Sudbury Drive Atlantis, FL 33462
Director	Larry Mack	P.O. Box 5475 Ocala, FL 34478	Director	Paul Koukos	P.O. Box 6385 Visalia, CA 93290
Director	John Hoblick	P.O. Box 1976 DeLeon Springs, FL 32130			
Director	Pete Kelly	P.O. Box 804 Inverness, FL 34451			