


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

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
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02262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0145250	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCARBOROUGH, ROGER
 2435 NW 28TH PLACE
 GAINESVILLE, FL 32605**

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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: 1054 Scarborough, Roger Scarborough 2/26/05
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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, DANIEL 1026 NW 21ST TERR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, LARRY P O BOX 5415 N/A OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCARBOROUGH, ROGER 2435 NW 28TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, BRYCE 4203 EILAND DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, WALLACE 11828 COUNTY RD 49 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, ED 1507 BELLEAU WOOD DR TALLAHASSEE, FL 32312

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 03/01/05-80026-017 70.00

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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 2/26/05 388-462-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #