

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726379

FILED
Apr 23, 2007
Secretary of State

Entity Name: ALPHA GAMMA RHO CHAPTER HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOEL PHILLIPS
407 SW 13TH ST
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1086
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-0145250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, DERICK
Address: 259 SW GUSTY GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: MACK, LARRY
Address: P O BOX 5415 N/A
City-St-Zip: OCALA, FL 34478

Title: TD () Delete
Name: SCARBOROUGH, ROGER
Address: 2435 NW 28TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: ECM () Delete
Name: MARTIN, TODD
Address: PO BOX 99
City-St-Zip: NEWBERRY, FL 32669

Title: D3 () Delete
Name: RIVIERE, BUD
Address: 2387 JOE WHITE RD
City-St-Zip: BONIFAY, FL 32425

Title: D3 () Delete
Name: DENMARK, JOHN
Address: 2015 HILL-N-DALE DR NORTH
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SCARBOROUGH

TD

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date