

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726379

FILED  
Apr 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O ROGER SCARBOROUGH  
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: 23-7259803

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  
Name: ARCHEY, CLAY  
Address: 1740 REBEL RUN  
City-St-Zip: OVIEDO, FL 32765

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROGER SCARBOROUGH

TD

04/01/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date