

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90949 015 \*\*\*\*61.25

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**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**

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

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

City & State

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 a registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINNON, DANIEL	
STREET ADDRESS	1026 NW 21ST TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
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	SCARBOROUGH, ROGER	
STREET ADDRESS	2435 NW 28TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, BRYCE	
STREET ADDRESS	4203 EILAND DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, WALLACE	
STREET ADDRESS	11828 COUNTY RD 49	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, ED	
STREET ADDRESS	1507 BELLEAU WOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **4/12/03** **386-462-7631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)