2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 762685

1. Entity Name
ALPHA GAMMA EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO FRATERNITY, INC.

Principal Place of Business	Mailing Address
407 S.W. 13TH STREET GAINESVILLE, FL 32609	5005 W. LAUREL STREET - SUITE 210 TAMPA, FL 33607

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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2226772
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOOKER, JOHN
5005 W. LAUREL STREET - SUITE 210
TAMPA, FL 33607

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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.

000000378838
01/03/07-80047-012 61.25

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOESTE, JOHN
STREET ADDRESS	4410 N.W. 16TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VPD
NAME	BADGER, GENE
STREET ADDRESS	P.O. BOX 2345 N/A
CITY-ST-ZIP	BELLGLADE, FL
TITLE	TD
NAME	HOOKER, JOHN D
STREET ADDRESS	505 W LAUREL ST #21E
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John D. Hooker 1/3/07 813-229-8046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #