

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

DO NOT WRITE IN THIS SPACE



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

**DO NOT WRITE
IN THIS SPACE**

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, familiar with, and accept the obligations of registered agent.

00000512898
01/09/07-80047-012 61.25

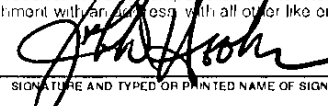
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)	DATE
---	------

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

**DO NOT WRITE
IN THIS SPACE**

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 / 3/07	313-229-8046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #