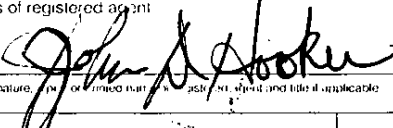
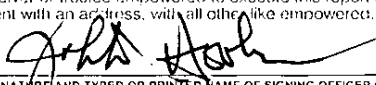


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 014 ****61.25

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13610 US Hwy 92 East Suite, Apt. #, etc.	
City & State Zip		City & State Dover, FL Zip 33527	
Country USA		4. FEI Number 59-2226772	
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		7. Name and Address of New Registered Agent Name HOOKER, JOHN D Street Address (P.O. Box Number is Not Acceptable) 13610 US Hwy 92 EAST City DOVER FL Zip Code 33527	
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. SIGNATURE  DATE 4/7/08 (Signature, if not printed name, is required and title is applicable) (NOTE: Registered Agent signature required when consulting)			
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	WOESTE, JOHN	4410 N.W. 16TH PLACE	GAINESVILLE, FL 32605
VPD	BADGER, GENE	P.O. BOX 2345 N/A	BELLGLADE, FL
TD	HOOKER, JOHN D	505 W LAUREL ST #21E	TAMPA, FL 33607
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	JOHN D. HOOKER	13610 U.S. Hwy 92 East	DOVER, FL 33527
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 empowerment.			
SIGNATURE: 		Date 4/2/08	