FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:40

DOCUMENT # 762872 (0)

1. Corporation Name

ALPHA XI DELTA CORPORATION OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
621 SW 10TH STREET GAINESVILLE FL 32601	621 SW 10TH STREET GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2224300 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SLAYDEN, NANCY
22014 NW COUNTRY ROAD 236
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	VAN WINKLE, JOAN	1.2 NAME	Betsy Miller	
STREET ADDRESS	3869 N.W. 27TH AVENUE	1.3 STREET ADDRESS	425 NE Boulevard	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	LARKIN, NANCY S.	2.2 NAME		
STREET ADDRESS	601 TERESA COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☒ Addition
NAME	LANDON, LISA	3.2 NAME	DeHaan, Patricia D	
STREET ADDRESS	3800 SW 34TH ST H-67	3.3 STREET ADDRESS	Rt 2 Box 398 A	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Hawthorne FL 32640	
TITLE	P	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	RENDE, JUDITH B.	4.2 NAME	DeHaan, Patricia D	
STREET ADDRESS	136 DUCKHAWK CIRCLE	4.3 STREET ADDRESS	Rt 2 Box 398 A	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Hawthorne FL 32640	
TITLE		5.1 TITLE	Pedestrian	☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Lisa N Landon Patricia D DeHaan 3/1/95 X 1/29/95 X 904-335-5830
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

LISA LANDON Patricia D DeHaan 904 392-2657

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