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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/14/1982**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPO** ☒ DELETE

NAME **MILLER, BETSY**  
STREET ADDRESS **425 NE BOULEVARD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☐ DELETE

NAME **PRIS POVILUS**  
STREET ADDRESS **16308 BYRNWYCK LANE**  
CITY-ST-ZIP **ODESSA FL**

TITLE **TD** ☐ DELETE

NAME **DEHAAN, PATRICIA D.**  
STREET ADDRESS **RT 2 BOX 398A**  
CITY-ST-ZIP **HAWTHORNE FL**

TITLE **P** ☒ DELETE

NAME **RENDE, JUDITH B.**  
STREET ADDRESS **136 DUCKHAWK CIRCLE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **BRANNON, SCOTT**  
STREET ADDRESS **1501 NW 61ST TERR**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **P** ☐ DELETE

NAME **GAINER, NANCY**  
STREET ADDRESS **7111 39th LANE EAST**  
CITY-ST-ZIP **SARASOTA, FL 34243**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *[Signature]* **SCOTT BRANNON, Treas** **3/30/98** **952-395-0506**

CR2E037 (10/97)