


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766721</b>	
1. Entity Name <b>THE FLORIDA FEDERATION OF ALPHA CHAPTERS, INC.</b>	

Principal Place of Business <b>890 HILL ROOST ROAD TALLAHASSEE, FL 32312 US</b>	Mailing Address <b>890 HILL ROOST ROAD TALLAHASSEE, FL 32312 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3125320</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CRUMEL, JAMES L  
890 HILL ROOST ROAD  
TALLAHASSEE, FL 32312**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JOHN 1302 E. ROBINSON STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODFREY, LENOX 900 BROWARD RD. APT. #17 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, GREG 2364 RYAN PLACE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUMEL, JAMES 890 HILL ROOST RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCRAY, CHRISTOPHER 5632 PARTRIDGE DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORWOOD, MICHAEL 5713 DESCARTES CIRCLE BOYNTON BEACH, FL 33457

1000000044569  
02/11/04-80027-005 61.25

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12. 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 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:** James L. Crumel Sr JAMES L. CRUMEL SR 2/9/04 850.485.2686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #