

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766721

FILED  
May 16, 2007  
Secretary of State

**Entity Name:** THE FLORIDA FEDERATION OF ALPHA CHAPTERS, INC.

**Current Principal Place of Business:**

890 HILL ROOST ROAD  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

890 HILL ROOST ROAD  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

**FEI Number:** 59-3125320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAEZ, RAMON  
Address: 3326 CALCUTTA AVE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: MOSS, DANA  
Address: 8523 NW 164TH STREET  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: HARRIS, GREG  
Address: 2364 RYAN PLACE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete  
Name: IFILL, ROD  
Address: 22916 HAWK HILL LOOP  
City-St-Zip: LAND-O-LAKES, FL 34639

Title: PD ( ) Delete  
Name: CRUMEL, JAMES L  
Address: 890 HILL ROOST ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: HOOD, TERENCE  
Address: PO BOX 340675  
City-St-Zip: TAMPA, FL 33694

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HARRIS, GREG  
Address: 5643 TECUMSEH DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L CRUMEL

PD

05/16/2007

Electronic Signature of Signing Officer or Director

Date