

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766721

FILED
Apr 30, 2009
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:

219 LIME STREET
ORLANDO, FL 32805 US

Current Mailing Address:

890 HILL ROOST ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

P.O. BOX 1161
ORLANDO, FL 32802 US

FEI Number: 59-3125320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MURRAY, GORDON
550 NE 124TH STREET
NORTH MIAMI, FL 33161 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: GORDON MURRAY SR

04/30/2009

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: NORWOOD, NATHANIEL M
Address: 5713 DESCARTES CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

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

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

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

Title: D (X) Change () Addition
Name: JONES, VINCENT C
Address: 1755 S.W. 30TH COURT
City-St-Zip: OCALA, FL 34474

Title: D (X) Change () Addition
Name: ELLIS, JOHN D
Address: 219 LIME STREET
City-St-Zip: ORLANDO, FL 32805

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: JOHN D ELLIS JR

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date