## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 766721**

FILED May 08, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2503 WALDEMAR LANE 890 HILL ROOST ROAD

TALLAHASSEE, FL 32304 US TALLAHASSEE, FL 32312 US

Current Mailing Address: New Mailing Address:

2503 WALDEMAR LANE 890 HILL ROOST ROAD TALLAHASSEE, FL 32304 US TALLAHASSEE, FL 32312 US

FEI Number: 59-3125320 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOHNSON, GARY W. CRUMEL, JAMES L
2503 WALDEMAR LANE 890 HILL ROOST ROAD
TALLAHASSEE, FL 32304 US 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: JAMES L. CRUMEL 05/08/2003

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JOHNSON, GARY W.
 Name:
 ELLIS, JOHN

 Address:
 2503 WALDEMAR LANE
 Address:
 1302 E. ROBINSON STREET

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 ORLANDO, FL 32801

Title: VD ( ) Delete Title: D (X) Change ( ) Addition Name: GODFREY, LENOX Name: GODFREY, LENOX

Address: 900 BROWARD RD. APT. #17 Address: 900 BROWARD RD. APT. #17
City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete Title: VD (X) Change () Addition Name: HARRIS, GREG Name: HARRIS, GREG

 Address:
 3115 MCCORD BLVD
 Address:
 2364 RYAN PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 CRUMEL, JAMES
 Name:
 CRUMEL, JAMES

 Address:
 890 HILL ROOST RD
 Address:
 890 HILL ROOST RD

 City-St-Zip:
 TALLAHASSEE, FL
 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: D ( ) Delete Title: PD (X) Change ( ) Addition Name: MCCRAY, CHRISTOPHER Name: MCCRAY, CHRISTOPHER

Address: 5632 PARTRIDGE DRIVE Address: 5632 PARTRIDGE DRIVE
City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete Title: PD (X) Change ( ) Addition Name: NORWOOD, MICHAEL Name: NORWOOD, MICHAEL

Name:NORWOOD, MICHAELName:NORWOOD, MICHAELAddress:5713 DESCARTES CIRCLEAddress:5713 DESCARTES CIRCLECity-St-Zip:BOYNTON BEACH, FL 33457City-St-Zip:BOYNTON BEACH, FL 33457

I hereby certify that the information supplied with this filing does not qualify for the 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 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 TD 05/08/2003