

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770162**

1. Entity Name  
ETA PHI CHAPTER ALUMNI ASSOCIATION, INC.



Principal Place of Business  
640 N SEMORAN BLVD  
ORLANDOPARK, FL 32807

Mailing Address  
640 N SEMORAN BLVD  
ORLANDO, FL 32807



02022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2983461

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KOZLOWSKI, CHRISTOPHER L  
640 N SEMORON BLVD  
ORLANDO, FL 32807

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000045952  
02/11/04-80083-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
KOZLOWSKI, CHRISTOPHER  
640 N SEMORAN BLVD  
ORLANDO, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
AHEARN, BRIAN  
300 S. ORANGE AVE. STE 975  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR  
HAMMERT, MICHAEL  
640 N SEMORAN BLVD  
ORLANDO, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2004