

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004244

FILED
Mar 16, 2004
Secretary of State**Entity Name:** CHI ALPHA CHRISTIAN FELLOWSHIP OF FLORIDA STATE UNIVERSITY, INC.**Current Principal Place of Business:**431 S. WOODWARD AVE.
TALLAHASSEE, FL 32304**New Principal Place of Business:**102 CHAPEL DR
TALLAHASSEE, FL 32304**Current Mailing Address:**431 S. WOODWARD AVE.
TALLAHASSEE, FL 32304**New Mailing Address:****FEI Number:** 51-0469382**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOLARI, MARIO
431 S. WOODWARD AVE.
TALLAHASSEE, FL 32304**Name and Address of New Registered Agent:**SOLARI, MARIO
PO BOX 2702
TALLAHASSEE, FL 32316

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: _____

03/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRY, LARRY
Address: 2800 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SYKES, JAMES
Address: 3043 TIPPERARY DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: SOLARI, MARIO
Address: 431 S. WOODWARD AVE.
City-St-Zip: TALLAHASSEE, FL 32304

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: SOLARI, MARIO
Address: PO BOX 2702
City-St-Zip: TALLAHASSEE, FL 32304

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: MARIO SOLARI

DIR

03/16/2004

Electronic Signature of Signing Officer or Director

Date