

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004244

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** CHI ALPHA CHRISTIAN FELLOWSHIP OF FLORIDA STATE UNIVERSITY, INC.

**Current Principal Place of Business:**

418 HAYDEN RD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

418 HAYDEN RD  
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  
418 HAYDEN RD  
TALLAHASSEE, FL 32304 US

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

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: 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: 418 HAYDEN RD  
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: DIR (X) Change ( ) Addition  
Name: MARIO, SOLARI  
Address: 418 HAYDEN RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Change ( ) Addition  
Name: SYKES, JAMES  
Address: 3043 TIPPERARY DR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change ( ) Addition  
Name: PERRY, LARRY  
Address: 2800 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32309

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: MARIO SOLARI

DI

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date