

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90198 010 ****61.25

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DOCUMENT # N05000003759 1. Entity Name APOLLODORUS ALUMNI ASSOCIATION, ALPHA RHO CHI FRATERNITY, INC.					
Principal Place of Business 231 ARCH, UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611			Mailing Address 231 ARCH, UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FALLON, BRIAN 11068 SANTA FE ST NORTH JACKSONVILLE, FL 32246			Name <u>Brian Fallon</u> Street Address (P.O. Box Number is Not Acceptable) <u>12143 Babbling Brook Drive</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32225</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, DANIEL		NAME	Daniel Lee	
STREET ADDRESS	102 POPPY COURT		STREET ADDRESS	1202 Courtney Chase Cir. Apt. 931	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Orlando, FL 32837	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, ERIK		NAME		
STREET ADDRESS	2000 PEARL ST		STREET ADDRESS		
CITY-ST-ZIP	AUSTIN, TX 78705		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLON, AMY		NAME	Amy Fallon	
STREET ADDRESS	11068 SANTA FE ST NORTH		STREET ADDRESS	12143 Babbling Brook Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	S <input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMARTINI, ALEX		NAME	Alex DeMartini	
STREET ADDRESS	4764 CUMBERLAND STATION DR S		STREET ADDRESS	13282 Long Cypress Trail	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daniel Lee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/26/06</u> <u>(407)514-4648</u> <small>Date Daytime Phone #</small>		