

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003759

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: APOLLODORUS ALUMNI ASSOCIATION, ALPHA RHO CHI FRATERNITY, INC.

## Current Principal Place of Business:

231 ARCH, UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 32611

## New Principal Place of Business:

3339 HANDY ROAD  
APT 612  
TAMPA, FL 33618

## Current Mailing Address:

231 ARCH, UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 32611

## New Mailing Address:

3339 HANDY ROAD  
APT 612  
TAMPA, FL 33618

FEI Number: 26-1925851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALLON, BRIAN  
12143 BABBLING BROOK DR  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

PEREZ, MANUEL  
3339 HANDY ROAD  
APT 612  
TAMPA, FL 33618 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: MANUEL PEREZ

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ, MANUEL  
Address: 8219 SOLANO BAY LOOP APT 1017  
City-St-Zip: TAMPA, FL 33635

Title: V ( ) Delete  
Name: WALKER, KIRSTEN  
Address: 8219 SOLANO BAY LOOP APT 1017  
City-St-Zip: TAMPA, FL 33635

Title: T ( ) Delete  
Name: LEE, CHRIS  
Address: 102 POPPY COURT  
City-St-Zip: KISSIMMEE, FL 34734

Title: S ( ) Delete  
Name: WALL, JAMES  
Address: 207 NW 17TH STREET APT 404  
City-St-Zip: GAINESVILLE, FL 32603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PEREZ, MANUEL  
Address: 3339 HANDY ROAD  
City-St-Zip: TAMPA, FL 33618

Title: V (X) Change ( ) Addition  
Name: WALKER, KIRSTEN  
Address: 3339 HANDY ROAD  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MANUEL PEREZ

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date