

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2007
Secretary of State**

DOCUMENT# N05000008430

Entity Name: CHI PHI - THETA DELTA ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

121 NW 3RD ST
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

121 NW 3RD ST
OCALA, FL 34475

New Mailing Address:

FEI Number: 20-3309676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C ESQ
121 NW 3RD ST
OCALA, FL 34475 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: DP () Delete
Name: MCVETY, CHRIS J
Address: 326 S W 12 ST
City-St-Zip: GAINESVILLE, FL 32601

Title: DV () Delete
Name: SIMONS, GARY C
Address: 121 NW 3RD ST
City-St-Zip: OCALA, FL 34475

Title: DT () Delete
Name: ALLEN, CHARLES L
Address: P O BOX 140280
City-St-Zip: GAINESVILLE, FL 32614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GARY C SIMONS

DV

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date