


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # N05000008430
1. Entity Name
CHI PHI - THETA DELTA ALUMNI ASSOCIATION, INC.



Principal Place of Business 121 NW 3RD ST OCALA, FL 34475	Mailing Address 121 NW 3RD ST OCALA, FL 34475
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02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3309676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMONS, GARY C ESQ
121 NW 3RD ST
OCALA, FL 34475

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

000000847370
 03/19/08-80017-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MCVETY, CHRIS J 326 S W 12 ST GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SIMONS, GARY C 121 NW 3RD ST OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT ALLEN, CHARLES L P O BOX 140280 GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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: Charles L Allen, Treasurer **3-3-2008** 214-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #