

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007111

FILED
Mar 16, 2011
Secretary of State

Entity Name: NU DELTA CHAPTER OF THE CHI PHI FRATERNITY, INC.

Current Principal Place of Business:

829 W. PENSACOLA ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

829 W. PENSACOLA ST.
TALLAHASSEE, FL 32304

Current Mailing Address:

P O BOX 20396
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 23-7027219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED INCORPORATING SERVICE, INC.
1317 CALIFORNIA STREET
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: P
Name: MOLTER, MICHAEL
Address: 829 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP
Name: JONES, PALMER
Address: 829 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D
Name: RYAN, MARK
Address: 2878 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: ABRAHAMS, NICHOLAS
Address: P.O. BOX 20396
City-St-Zip: TALLAHASSEE, FL 32316

Title: T
Name: RIBAKOFF, RYAN
Address: 829 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: S
Name: TSAMBIS, GEORGE
Address: 829 WEST PENSACOLA STREET
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MOLTER

P

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date