

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007230

**FILED**  
**Jun 27, 2012**  
**Secretary of State**

**Entity Name:** THE FRATERNITY OF PHI GAMMA DELTA UPSILON PHI CHAPTER INC.

**Current Principal Place of Business:**

7 FRATERNITY DRIVE  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

7 FRATERNITY DRIVE  
GAINESVILLE, FL 32603 US

**Current Mailing Address:**

7 FRATERNITY DRIVE  
GAINESVILLE, FL 32603

**New Mailing Address:**

7 FRATERNITY DRIVE  
GAINESVILLE, FL 32603 US

**FEI Number:** 20-5535695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGRATH, MIKE  
7 FRATERNITY DRIVE  
GAINESVILLE, FL 32603 US

**Name and Address of New Registered Agent:**

DAFONTE, JAMES  
7 FRATERNITY DRIVE  
GAINESVILLE, FL 32603 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: JAMES DAFONTE

06/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANTHONY, ZACHARY  
Address: 7 FRATERNITY DRIVE  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: VP  
Name: DAFONTE, JAMES  
Address: 7 FRATERNITY DRIVE  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: S  
Name: BISCHOFF, MATTHEW  
Address: 7 FRATERNITY DRIVE  
City-St-Zip: GAINESVILLE, FL 32603 US

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: JAMES DAFONTE

VP

06/27/2012

Electronic Signature of Signing Officer or Director

Date