

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

DOCUMENT# N11000011804

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** GAMMA PHI HOUSE CORPORATION OF ALPHA PHI INTERNATIONAL FRATERNITY, INC.

**Current Principal Place of Business:**

833 WEST GIANES STREET UNIT 103  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

C/O APHA PHI  
A4100 UNIVERSITY CENTER  
TALLAHASSEE, FL 32306

**New Mailing Address:**

C/O ALPHA PHI  
A4100 UNIVERSITY CENTER  
TALLAHASSEE, FL 32306

**FEI Number:** 27-3554493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SSHULTZ, KERRY A  
2045 FOUNTAIN PROFESSIONAL COURT STE A  
NAVARRE, FL 32566 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  
Name: KAHANGI, LINDA  
Address: 1930 SHERMAN AVE  
City-St-Zip: EVANSTON, IL 60201

Title: DT  
Name: GAGE, DEANA  
Address: 1930 SHERMAN AVE  
City-St-Zip: EVANSTON, IL 60201

Title: DS  
Name: GRAJEK, ASHLEY N  
Address: 1930 SHERMAN AVE  
City-St-Zip: EVANSTON, IL 60201

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: ASHLEY N. GRAJEK

DS

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date