

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15123

FILED
Apr 30, 2006
Secretary of State

Entity Name: XI CHAPTER OF ALPHA PSI FRATERNITY, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA COL. OF VET MED.
BOX 102354
GAINESVILLE, FL 32610 US

New Principal Place of Business:

Current Mailing Address:

338 NW 50TH BLVD
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2929973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALDONADO, KATHERINE L
338 NW 50TH BLVD
GAINESVILLE, FL 32607 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: PD () Delete
Name: MALDONADO, KATHERINE L
Address: 338 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: MALDONADO, KATHERINE L
Address: 338 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: CARRERA-JUSTIZ, SHEILA
Address: 4455 SW 34 ST #N73
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: MALDONADO, KATHERINE L
Address: 338 NW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

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:

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: KATHERINE L. MALDONADO

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date