

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37578

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** THE ALL FLORIDA PHI GAMMA DELTA CHAPTER HOUSE CORPORATION

**Current Principal Place of Business:**

C/O WARREN SMITH  
1721 LONGVIEW LANE  
TARPON SPRINGS, FL 346891978 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WARREN SMITH  
1721 LONGVIEW LANE  
TARPON SPRINGS, FL 346891978 US

**New Mailing Address:**

**FEI Number:** 30-0471263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLITS, BOB  
8612 SW 2ND PLACE  
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: DP  
Name: SMITH, WARREN  
Address: 1721 LONGVIEW LANE  
City-St-Zip: TARPON SPRINGS, FL 346891978

Title: DT  
Name: SMITH, DAVID  
Address: 13126 ZORI LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: DV  
Name: KELLAR, ED  
Address: 500 N.W. 54TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DS  
Name: MARTINEZ, RAYMOND B  
Address: 3221 HYDE PARK DR  
City-St-Zip: CLEARWATER, FL 33761 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: DAVID M SMITH

DT

01/06/2010

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

\_\_\_\_\_  
Date