

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44418 (4)

1. Corporation Name

U.C.F. PHI GAMMA DELTA HOUSE CORPORATION



Principal Place of Business

Mailing Address

39 W. PINE STREET  
ORLANDO FL 32801

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ORLANDO FL 32801

3. Date Incorporated or Qualified

07/25/1991

3a. Date of Last Report

06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 12 095 Des Cantes Ct

26 416 Craig Clossen

4. FEI Number

59-3177512

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 615 Richland Cnt #75

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Orlando FL

28 Altamonte Springs FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32826

25 Orange

29 32714

30 Seminole

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRICKEL, WILLIAM JR.  
39 WEST PINE STREET  
ORLANDO FL 32801

81 Name Allen K McCormick

82 Street Address (P.O. Box Number is Not Acceptable)

217 N Eola Dr

83

84

City

Orlando

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Allen K. McCormick

Allen K. McCormick

APR 23 1996

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEFF, BRAD	
STREET ADDRESS	1512 WARNER DR	
CITY-ST-ZIP	CHULOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEFF, FRED	
STREET ADDRESS	1512 WARNER DR	
CITY-ST-ZIP	CULOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLOSSEN, CRAIG	
STREET ADDRESS	615 RICHLAND CT 75	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOLL, CHRIS	
STREET ADDRESS	108-A VILLA CAPRI CIRCLE	
CITY-ST-ZIP	DELAND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, MARK	
STREET ADDRESS	2216 PINE PARK TRAIL 2515	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARMICHAEL, BILL	
STREET ADDRESS	4000 TUSKA WILLA RD S	
CITY-ST-ZIP	GOLDENROD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S/D NEFF, FRED
23 STREET ADDRESS	1512 WARNER DR
24 CITY-ST-ZIP	CHULOTA FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	P/D CLOSSEN, CRAIG
33 STREET ADDRESS	615 RICHLAND CT 75
34 CITY-ST-ZIP	ALTAMONTE SPRINGS FL
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	T/D LESKO, JASON
43 STREET ADDRESS	10600 Bloomfield Dr 1611
44 CITY-ST-ZIP	ORLANDO FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Craig Clossen Pres

4/21/96 407-862-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CS 5/1/96

CR2E037 (12/95)