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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44418

1. Corporation Name

U.C.F. PHI GAMMA DELTA HOUSE CORPORATION

Principal Place of Business

12095 DES CARTES CT
ORLANDO FL 32826

Mailing Address

C/O CRAIG CLOSSEN
615 RICHLAND CT #75
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

21 **12095 DESCARTES CT**

Suite, Apt. #, etc.

22 **#5**

City & State

23 **ORLANDO, FL**

Zip

24 **32826**

Country

25

2a. Mailing Address

26 **12095 DESCARTES CT.**

Suite, Apt. #, etc.

27 **#5**

City & State

28 **ORLANDO, FL**

Zip

29 **32826**

Country

30

3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

59-3177512

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

**MC CORMICK, ALLEN K
217 N EOLA DR
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **SD** ☐ DELETE

NAME **PAUL, BRAD**

STREET ADDRESS **1214 SWAN ST**

CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **PD** ☒ DELETE

NAME **CLOSSEN, CRAIG**

STREET ADDRESS **615 RICHLAND CT 75**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **TD** ☐ DELETE

NAME **LESKO, JASON**

STREET ADDRESS **275 VINRIDGE RUN APT 111**

CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **PAUL, BRADLEY**

1.3 STREET ADDRESS **1008 WAINWRIGHT DR.**

1.4 CITY-ST-ZIP **ORLANDO, FL 32765**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **LESKO, JASON**

3.3 STREET ADDRESS **1728 BOBTAIL DR.**

3.4 CITY-ST-ZIP **MAITLAND, FL 32810**

4.1 TITLE **SD** ☐ Change ☒ Addition

4.2 NAME **LEDDY, TIM**

4.3 STREET ADDRESS **2723 DELCREST DR.**

4.4 CITY-ST-ZIP **ORLANDO, FL 32817**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

BRADLEY B. PAUL

3/2/99 (407) 493-0748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)