2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 AM
Secretary of State

DOCUMENT# N47625

Entity Name: ALPHA MU DELTA OF CHI PSI, INC.

Current Principal Place of Business:

ROLLINS COLLEGE HOOKER HALL
1000 HOLT AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

C/O DEVANEY, JOSEPH J.
217 TRAPPER TRACE COURT
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 65-0385114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVANEY, JOSEPH J.
217 TRAPPER TRACE COURT
JACKSONVILLE, FL 32259

Name and Address of New Registered Agent:

DEVANEY, JOSEPH J
217 TRAPPER TRACE COURT
JACKSONVILLE, FL 32259

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: JOSEPH J. DEVANEY 04/10/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WELLS, KURT
Address: 1245 WELLINGTON TERRACE
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: DEVANEY, JOSEPH J.
Address: 217 TRAPPER TRACE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: PINZON, FELIPE
Address: 8816 S.W. 72ND STREET, APT F232
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PINZON, FELIPE
Address: 5125 PAML SPRINGS BLVD., # 9208
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FELIPE PINZON D 04/10/2002
Electronic Signature of Signing Officer or Director Date