2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004
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: 01-0654010 **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:

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: 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: 14929 ARBOR SPRINGS CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: GREEN, WILLIAM
Address: 7545 MILLS ROAD
City-St-Zip: OSTRANDER, OH 43061

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: 621 ARBOR LAKE LANE
City-St-Zip: TAMPA, FL 33602

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

Title: D ( ) Change (X) Addition
Name: EBERLE, NATHANIEL
Address: 905 HILLARY COURT
City-St-Zip: ORLANDO, FL 32804

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: NATHANIEL EBERLE D 05/11/2004
Electronic Signature of Signing Officer or Director — Date