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CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 AUG -3 AM 9:16
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001683 (2)**

1. Corporation Name

CHI PHI FRATERNITY-DELTA ZETA ALUMNI ASSOCIATION , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
201 21ST AVENUE NORTH ST. PETERSBURG FL 33704	P O BOX 15048 ST. PETERSBURG FL 33733 US

3. Date Incorporated or Qualified: 04/14/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3187203 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	13207 N. 22ND ST	2a. Mailing Address	MICHAEL S. GRAFSTROM
Suite, Apt. #, etc.		Suite, Apt. #, etc.	15806 WHEATFIELD PLACE
City & State	TAMPA, FL	City & State	TAMPA, FL
Zip / Country	33612 / USA	Zip / Country	33624 / USA

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
ROGERS, ARTHUR E 201 21ST AVENUE NORTH ST. PETERSBURG FL 33704	81 Name: MICHAEL S. GRAFSTROM 82 Street Address (P.O. Box Number is Not Acceptable): 15806 WHEATFIELD PLACE 83 84 City: TAMPA FL 85 Zip Code: 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MICHAEL S. GRAFSTROM, PRESIDENT — DATE: 7-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CUMMING, J B JR.	12 NAME	MICHAEL S. GRAFSTROM	
STREET ADDRESS	6803 BLUE COVE COURT	13 STREET ADDRESS	15806 WHEATFIELD PLACE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	14 CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ULSETH, JAMES E	22 NAME	Jeffrey C. West	
STREET ADDRESS	1704 BLIND POND AVENUE	23 STREET ADDRESS	5132 Puritan Cir	
CITY-ST-ZIP	LUTZ FL 33544	24 CITY-ST-ZIP	Tampa FL 33617	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	LICHTMAN, PAUL E	32 NAME	Russell Woodward	
STREET ADDRESS	18903 EDINBOROUGH WAY	33 STREET ADDRESS	208 Washington Ave	
CITY-ST-ZIP	TAMPA FL 33647	34 CITY-ST-ZIP	Odessa FL 33677	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	ROGERS, ARTHUR E	42 NAME	FREDERICK T VONTECK	
STREET ADDRESS	201 21ST AVENUE NORTH	43 STREET ADDRESS	11031 SPRINGRIDGE DR	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	44 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: MICHAEL S. GRAFSTROM
PRESIDENT, CHI PHI FRATERNITY Delta Zeta Alumni Assoc, Inc. 7/27/95 (813)554-2060
SIGNATURE AND TYPED OR PRINTED NAME OF BIOMAY OFFICER OR DIRECTOR — Date — Daytime Phone #

0066566