

# 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 # N93000001683 (2)**

1. Corporation Name

**CHI PHI FRATERNITY-DELTA ZETA ALUMNI ASSOCIATION, INC.**



Principal Place of Business

13207 N 22ND T  
TAMPA FL 33612  
US

Mailing Address

**MICHAEL S GRAFSTROM**  
15806 WHEATFIELD PLACE  
TAMPA FL 33624  
US

3. Date Incorporated or Qualified  
**04/14/1993**

3a. Date of Last Report  
**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3187203**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

24

Zip

Country

29

Zip

Country

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

**GRAFSTROM, MICHAEL S**  
15806 WHEATFIELD PL  
TAMPA FL 33624

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 running)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD GRAFSTROM, MICHAEL S**  
15806 WHEATFIELD PL  
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VD WEST, JEFFREY C**  
5132 PURITAN CIRCLE  
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD WOODWARD, RUSSELL**  
208 WASHINGTON AVE  
OLDSMAR FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD YONTECK, FREDERICK T**  
11031 SPRINGRIDGE DR  
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS 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:** *[Signature]* **MICHAEL S. GRAFSTROM**  
PRESIDENT CHI PHI FRATERNITY DELTA ZETA ALUMNI ASSOC., INC. 4/2/96 (813) 554-2060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)