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Jan 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33624-1555
US

MICHAEL
(PLEASE
CORRECT)



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
04/14/1993

3a. Date of Last Report
04/08/1996

4. FEI Number
59-3187203

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRAFSTROM, MICHAEL S
15806 WHEATFIELD PL
TAMPA FL 33624

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 PD ☐ DELETE
NAME GRAFSTROM, MICHAEL S.
STREET ADDRESS 15806 WHEATFIELD PL
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME WEST, JEFFREY C
STREET ADDRESS 29248 CROSSLAND DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE SD ☐ DELETE
NAME WOODWARD, RUSSELL
STREET ADDRESS LAKE CARLTON DRIVE
CITY-ST-ZIP LUTZ FL

TITLE TD ☐ DELETE
NAME YONTECK, FREDERICK T
STREET ADDRESS 11031 SPRINGRIDGE DR
CITY-ST-ZIP TAMPA FL

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 (PRESIDENT/DIRECTOR) ☒ Change ☐ Addition
1.2 NAME WEST, JEFFREY C.
1.3 STREET ADDRESS 29248 CROSSLAND DRIVE
1.4 CITY-ST-ZIP WESLEY CHAPEL, FL 33543

2.1 TITLE VD (VICE PRES/DIRECTOR) ☒ Change ☐ Addition
2.2 NAME GRAFSTROM, MICHAEL S.
2.3 STREET ADDRESS 15806 WHEATFIELD PLACE
2.4 CITY-ST-ZIP TAMPA, FL 33624

3.1 TITLE SECRETARY ☒ Change ☐ Addition
3.2 NAME D'URSO, JEFFREY L.
3.3 STREET ADDRESS 4364 69TH AVE N.
3.4 CITY-ST-ZIP PINELLAS PARK, FL 34665

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME WOODWARD, RUSSELL W.
5.3 STREET ADDRESS 5719 PINEY LAKE DRIVE
5.4 CITY-ST-ZIP TAMPA, FL 33625

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: MICHAEL S. GRAFSTROM

1/8/97

(813) 962-2307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046737

CR2E037 (9/96)