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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/14/1993	4. FEI Number 59-3187203	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GRAFSTROM, MICHAEL S 15806 WHEATFIELD PL TAMPA FL 33624	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME WEST, JEFFREY C	
STREET ADDRESS 29248 CROSSLAND DR	
CITY-ST-ZIP WESLEY CHAPEL FL 33624	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME GRAFSTROM, MICHAEL S	
STREET ADDRESS 15806 WHEATFIELD PLACE	
CITY-ST-ZIP TAMPA FL 33624	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME D'URSO, JEFFREY L	
STREET ADDRESS 4364 69TH AVE N	
CITY-ST-ZIP PINELLAS PARK FL 34665	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME YONTECK, FREDERICK T	
STREET ADDRESS 11031 SPRINGRIDGE DR	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WOODWARD, RUSSELL W	
STREET ADDRESS 5719 PINEY LANE DR	
CITY-ST-ZIP TAMPA FL 33625	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME D'URSO, JEFFREY L.	
1.3 STREET ADDRESS 4364 69TH AVE N.	
1.4 CITY-ST-ZIP PINELLAS PARK, FL 33781	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WOODWARD, RUSSELL W.	
2.3 STREET ADDRESS 5719 PINEY LANE DR.	
2.4 CITY-ST-ZIP TAMPA FL 33625	
3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME VAN GORDEN, STEVEN P	
3.3 STREET ADDRESS 8801 HUNTERS LAKE DR. APT 433	
3.4 CITY-ST-ZIP TAMPA FL 33647	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME GRAFSTROM, MICHAEL S	
4.3 STREET ADDRESS 15806 WHEATFIELD PLACE	
4.4 CITY-ST-ZIP TAMPA FL 33624	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME YONTECK, FREDERICK T	
5.3 STREET ADDRESS 11031 SPRINGRIDGE DR	
5.4 CITY-ST-ZIP TAMPA FL 33624	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME WEST, JEFFREY C	
6.3 STREET ADDRESS 29248 CROSSLAND DR	
6.4 CITY-ST-ZIP WESLEY CHAPEL, FL 33543	

14. I 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 1/4/98 (813) 962-2307

CR2E037 (10/97)