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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/14/1993

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

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 WEST, JEFFREY C  
STREET ADDRESS 29248 CROSSLAND DR  
CITY-ST-ZIP WESLEY CHAPEL FL 33624

TITLE VD ☐ DELETE  
NAME GRAFSTROM, MICHAEL S  
STREET ADDRESS 15806 WHEATFIELD PLACE  
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ DELETE  
NAME D'URSO, JEFFREY L  
STREET ADDRESS 4364 69TH AVE N  
CITY-ST-ZIP PINELLAS PARK FL 34665

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

TITLE D ☐ DELETE  
NAME WOODWARD, RUSSELL W  
STREET ADDRESS 5719 PINEY LANE DR  
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME HARRIS, BRIAN  
1.3 STREET ADDRESS 14501 RAVEN BROOK #419  
1.4 CITY-ST-ZIP TAMPA, FL. 33613

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D'URSO, JEFFREY L  
2.3 STREET ADDRESS 4364 69TH AVE N.  
2.4 CITY-ST-ZIP PINELLAS PARK, FL, 34665

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME HARPER, MICHAEL  
3.3 STREET ADDRESS 14240 N. 42nd St. #2806  
3.4 CITY-ST-ZIP TAMPA, FL. 33613

4.1 TITLE ☒ Change ☐ 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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MICHAEL S. GRAFSTROM 1/23/99 (727) 571-5043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)