

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: SESHAI CHAPTER OF ALPHA RHO CHI FRATERNITY, INCORPORATED

Current Principal Place of Business:

1938 S MARTIN LUTHER KING BLVD
TALLAHASSEE, FL 32307

New Principal Place of Business:

Current Mailing Address:

1938 S MARTIN LUTHER KING BLVD
TALLAHASSEE, FL 32307

New Mailing Address:

FEI Number: 59-3262522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, ROBERT
1938 S MARTIN LUTHER KING BLVD
TALLAHASSEE, FL 32307 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: CARTER, ADRIAN L
Address: 1938 S MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32307

Title: V
Name: MCNEIL, LUQMAN J
Address: 1938 S MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32307

Title: S
Name: MCCOY, AVARY
Address: 1938 S MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32307

Title: T
Name: CASTRO, NIKOLAS A
Address: 1938 S MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32307

Title: H
Name: COOKSEY, ASHLEE
Address: 1938 S MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32307

Title: S
Name: SMILEY, JEFFEREY
Address: 1938 S MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32307

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADRIAN L. CARTER

P

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date