

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002951

FILED
Apr 07, 2009
Secretary of State

Entity Name: PI KAPPA ALPHA KAPPA GAMMA CHAPTER HOUSING AND ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

10930 SW 7TH STREET
#206
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

10930 SW 7TH STREET
#206
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0679827 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAFILOVICH, ZVI CPA
2229 SHERIDAN ST
HOLLYWOOD, FL 33020 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: D () Delete
Name: BECHT, JASON
Address: 1600 SE 15 ST #300
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: LIPPERT, WINSTON
Address: 10930 SW 7TH STREET #206
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: WINKELJOHN, PAUL
Address: 422 MALAGA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: RAFILOVICH, ZVI
Address: 2229 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: HARRIS, CHAD
Address: 3100 CHESTNUT GROVE CT
City-St-Zip: RICHMOND, VA 23233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HORNIK, CHADWICK
Address: 3100 CHESTNUT GROVE CT
City-St-Zip: RICHMOND, VA 23233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ZVI RAFILOVICH

PRE

04/07/2009

Electronic Signature of Signing Officer or Director

Date