

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000639

FILED
Mar 11, 2009
Secretary of State

Entity Name: SESHAI ALUMNI ASSOCIATION OF ALPHA RHO CHI FRATERNITY INC.

Current Principal Place of Business:

4611 LIGHT HOUSE CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

289 NW 49 STREET
MIAMI, FL 33127

Current Mailing Address:

4611 LIGHT HOUSE CIRCLE
ORLANDO, FL 32808

New Mailing Address:

289 NW 49 STREET
MIAMI, FL 33127

FEI Number: 03-0506497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSH, JEFFREY C
417 RANCH TRAIL
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ANSON, STUART M
289 NW 49 STREET
MIAMI, FL 33127 US

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: ANSON M. STUART

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, RICHARD
Address: 4611 LIGHT HOUSE CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: PATTON, DARLENE
Address: 6224 S DALE MABRY HWY #3
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: MENDEZ, STEPHANIE
Address: 4611 LIGHT HOUSE CIRCLE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROMFIELD, SOPHIA PRESIDE
Address: 289 NW 49 STREET
City-St-Zip: MIAMI, FL 33127

Title: TREA (X) Change () Addition
Name: GRAHAM, KELLI M TREASUR
Address: 4056 MIDDLEBROOK ROAD APT. # 1335
City-St-Zip: ORLANDO, FL 32811

Title: SECR (X) Change () Addition
Name: BUCHANAN, JOSEPH SECRETA
Address: 8714 PISA DRIVE #823
City-St-Zip: ORLANDO, FL 32810

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: SOPHIA BROMFIELD

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date