

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000913

1. Entity Name
ALPHA IOTA CHAPTER, INC.



FILED
08 NOV 18 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
SANTA FE COMMUNITY COLLEGE
GAINESVILLE, FL 32627 US

Mailing Address
POST OFFICE BOX 5065
GAINESVILLE, FL 32627 US

2. Principal Place of Business - No P.O. Box #
Unissa King Moore
Suite, Apt. #, etc.
855 NE 219th Street
City & State
Lawtey FL
Zip
32058 Country
US

3. Mailing Address
855 NE 219th St
Suite, Apt. #, etc.
City & State
Lawtey FL
Zip
32058 Country
US



REINSTATEMENT 08

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAVEN, DORIS
3721 NW 21ST PLACE
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent
Name *Unissa King Moore*
Street Address (P.O. Box Number is Not Acceptable)
855 NE 219th Street
City *Lawtey* FL Zip Code *32058*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Unissa King Moore* President DATE *11-10-08*
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAVEN, DORIS 3721 NW 21ST PLACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Janet L. Williams 22533 NE 3rd Street Lawtey FL 32058 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDLER, ARMARENE 2312 NW 59TH TERRACE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Unissa King Moore 855 NE 219th Street Lawtey FL 32058 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONSANTO, TARRLYN 4649 SE 6TH AVE. GAINESVILLE, FL 32641 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Roselyn Thomas Baker 517 S. Westmoreland St. Starke FL 32091 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Unissa King Moore* DATE *11-10-08* 904.769.3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/19