

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726379

**Entity Name:** ALPHA GAMMA RHO CHAPTER HOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BERNARD LEFILS  
407 SW 13TH ST  
GAINESVILLE, FL 32601

**Current Mailing Address:**

161 E. ROSE AVE  
ORANGE CITY, FL 32763 US

**FEI Number:** 23-7259803

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEFILS, BERNARD J  
161 E. ROSE AVE  
ORANGE CITY, FL 32763 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:** BERNARD LEFILS

02/24/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BROWNING, JIM  
Address PO BOX 1729  
City-State-Zip: PONTE VEDRA BEACH FL 32084

Title VP  
Name CHAIRES, PETER  
Address PO BOX 941058  
City-State-Zip: MAITLAND FL 32794

Title T  
Name LEFILS, BERNARD J  
Address 161 E. ROSE AVE  
City-State-Zip: ORANGE CITY FL 32763

Title S  
Name HODGE, RAY  
Address 19039 121ST ROAD  
City-State-Zip: MCALPIN FL 32062

Title ECM  
Name MARTIN, TODD  
Address PO BOX 99  
City-State-Zip: NEWBERRY FL 32669

*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:** BERNARD LEFILS

TREASURER

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date