# 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: PAUL C. HAYMAN

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 726379

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

#### Current Principal Place of Business:

C/O PAUL HAYMAN 407 SW 13TH ST GAINESVILLE, FL 32601

# **Current Mailing Address:**

P O BOX 1716 WAUCHULA, FL 33873 US

# FEI Number: 23-7259803

## Name and Address of Current Registered Agent:

HAYMAN, PAUL 2709 HIGH RIDGE DRIVE LAKELAND, FL 33812 US FILED Apr 18, 2013 Secretary of State CC1572050834

Certificate of Status Desired: No

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

## Officer/Director Detail :

Officer/Director Detail :			
Title	Р	Title	VP
Name	BROWNING, JIM	Name	CHAIRES, PETER
Address	PO BOX 1729	Address	PO BOX 941058
City-State-Zip:	PONTE VEDRA BEACH FL 32084	City-State-Zip:	MAITLAND FL 32794
Title	т	Title	S
Name	HAYMAN, PAUL	Name	HODGE, RAY
Address	PO BOX 1716	Address	19039 121ST ROAD
City-State-Zip:	WAUCHULA FL 33873	City-State-Zip:	MCALPIN FL 32062
Title	ECM		
Name	MARTIN, TODD		
Address	PO BOX 99		
City-State-Zip:	NEWBERRY FL 32669		

TREASURER

04/18/2013

Date

Date