

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762685

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC4288817264**

**Entity Name:** ALPHA GAMMA EDUCATIONAL FOUNDATION OF ALPHA GAMMA RHO FRATERNITY, INC.

**Current Principal Place of Business:**

407 S.W. 13TH STREET  
GAINESVILLE, FL 32601

**Current Mailing Address:**

161 E ROSE AVE  
ORANGE CITY, FL 32763 US

**FEI Number: 59-2226772**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WOESTE, JOHN  
Address 4410 N.W. 16TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title VPD  
Name SUMNER, ELDER  
Address P.O. BOX 566  
City-State-Zip: OKEECHOBEE FL 34973

Title TD  
Name LEFILS, BERNARD  
Address 1140 MCKENZIE RD  
City-State-Zip: LAKE HELEN FL 32744

Title SD  
Name HALL, GREG  
Address 4293 HALL RD.  
City-State-Zip: MALONE FL 32445

*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**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date