

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20266

**FILED**  
**Aug 27, 2024**  
**Secretary of State**  
**0843738549CC**

**Entity Name:** ALPHA RHO CHI FRATERNITY, APOLLODORUS CHAPTER, INCORPORATED

**Current Principal Place of Business:**

231 ARCHITECTURE BUILDING  
GAINESVILLE, FL 32611-5702

**Current Mailing Address:**

231 ARCHITECTURE BUILDING  
GAINESVILLE, FL 32611-5702

**FEI Number:** 59-3211312

**Certificate of Status Desired:** No

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

ZVOCH, LAUREN BRIELLE  
1606 NW 100TH DR  
GAINESVILLE, FL 32606 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:** LAUREN ZVOCH

08/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           ALLISON, CARRIGAN  
Address        125 NW 19TH ST.  
                  22  
City-State-Zip: GAINESVILLE FL 32603

Title           TREASURER  
Name           HAMILTON, VIVIEN  
Address        116 NW 18TH ST.  
                  22  
City-State-Zip: BUNNELL FL 32603

Title           SUPERINTENDENT  
Name           SCHAFFSTEIN, BRADY  
Address        506 MAJESTIC EAGLE DR  
City-State-Zip: PONTE VEDRA FL 32081

Title           SCRIBE  
Name           BONNY, EVENIE  
Address        2777 SW ARCHER RD.  
City-State-Zip: GAINESVILLE FL 32608

Title           CLERK  
Name           PHOU, MELANIE  
Address        2263 STADIUM RD.  
City-State-Zip: GAINESVILLE FL 32612

Title           VP  
Name           MCKAY, PAIGE  
Address        125 NW 19TH ST.  
                  22  
City-State-Zip: RIVERVIEW FL 32603

Title           VP  
Name           LIMBER, EVIE  
Address        619 NW 10TH AVE.  
City-State-Zip: GAINESVILLE FL 32603

*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:** CARRIGAN ALLISON

**PRESIDENT**

08/27/2024

Electronic Signature of Signing Officer/Director Detail

Date