

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000639

Entity Name: SESHAI ALUMNI ASSOCIATION OF ALPHA RHO CHI
FRATERNITY INC.**FILED**
Mar 03, 2015
Secretary of State
CC6641998137**Current Principal Place of Business:**10 NORTH LIVINGSTON ST
#523
MADISON, WI 53703**Current Mailing Address:**10 NORTH LIVINGSTON ST
#523
MADISON, WI 53703 US**FEI Number: 03-0506497****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCNEIL, LUQMAN
1049 BUNKER HILL BLVD
JACKSONVILLE, FL 32208 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: LUQMAN MCNEIL****03/03/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OFFICER
Name	MCCALLA, TESFA E
Address	10940 SAKONNET RIVER DR. 201
City-State-Zip:	TAMPA FL 33615

Title	OFFICER
Name	SMILEY, JEFFREY
Address	2471 DELFINO DRIVE
City-State-Zip:	TALLAHASSEE FL 32304

Title	OFFICER
Name	SACKIE-MENSAH , DANIELLE
Address	100 GREENWOOD PLACE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	OFFICER
Name	MCNEIL, LUQMAN
Address	1049 BUNKER HILL BLVD
City-State-Zip:	JACKSONVILLE FL 32208

Title	OFFICER
Name	ASAD, RAFEEQ D
Address	10 LIVINGSTON STREET #523
City-State-Zip:	MADISON WI 52703

Title	OFFICER
Name	FAIR, JONATHAN ER
Address	10816 S. PARNELL AVENUE
City-State-Zip:	CHICAGO IL 60628

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: JONATHAN FAIR**OFFICER****03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date