

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770604 (7)
1. Corporation Name
FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.



Principal Place of Business	Mailing Address
2627 NW 3RD AVE. P.O. BOX 12182, UNIVERSITY STATION GAINESVILLE FL 32604	2627 NW 3RD AVE. P.O. BOX 12182, UNIVERSITY STATION GAINESVILLE FL 32604

3. Date Incorporated or Qualified 10/05/1983	3a. Date of Last Report 07/03/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-6141908	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HENDON, DAVID M.
2627 NW 35D AVE.
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPECIE, GARY	
STREET ADDRESS	PO BOX 57 N/A	
CITY-ST-ZIP	EARLTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, JAMES	
STREET ADDRESS	2525 N.W. 22ND AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDON, DAVID M.	
STREET ADDRESS	2627 N.W. 3RD AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARNER, MARK	
STREET ADDRESS	3580 SW 63RD LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SECRETARY-DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK DELEGAL
2.3 STREET ADDRESS	1840 WAGON WHEEL CIRCLE
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRETT OGILVIE
5.3 STREET ADDRESS	313 CARIS BROOKE STREET
5.4 CITY-ST-ZIP	OCFEE, FL 32761
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Hendon* → **DAVID HENDON** 2-26-96 352-372-2937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)