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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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. 2627 NW 3RD AVE.  
P.O. BOX 12182, UNIVERSITY STATION P.O. BOX 12182, UNIVERSITY STATION  
GAINESVILLE FL 32604 GAINESVILLE FL 32604-0182

3. Date Incorporated or Qualified 10/05/1983 3a. Date of Last Report 03/01/1996  
4. FEI Number 59-6141908 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VD SPECIE, GARY PO BOX 57 N/A EARLTON FL  
SD DELEGAL, MARK 1840 WAGON WHEEL CIRCLE TALLAHASSEE FL  
TD HENDON, DAVID M. 2627 N.W. 3RD AVE. GAINESVILLE FL  
PD WARNER, MARK 3580 SW 63RD LANE GAINESVILLE FL  
D OGILVIE, BRETT 313 CARISBROOKE ST OCOEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  
PD ALVIN ALSOBROOK 1628 NW 26TH WAY GAINESVILLE FLA 32605

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 M. Hendon (DAVID M HENDON) 2-11-97 352-392-2937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010770

CR2E037 (9/96)