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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

770604

(7)

FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.

1				
Principal Plac	e of Business	Mailing Address		I I BRICE CORE CORES ROTER DICTIONS CORES
2627 NW 3RD		2627 NW 3RD AVE.		3. Date Incorporated or Qualified
P.O. BOX 1218 GAINESVILLE F	2. UNIVERSITY STATION	P.O. BOX 12182. UNIVERS GAINESVILLE FL 32604	SITY STATION	10/05/1983
Grancovicee (L 02004	CANALOVILLE 1E 02007		4. FEI Number Applied For
<u> </u>		On Marillan Andress		59-6141908 Not Applicate
_ `	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution
City & State	е	City & State		7. Is this nonprofit corporation a homeowners association?
23	Country		Country	Yes XNo
Zip 24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
24	9. Name and Address of Curre		1301	10. Name and Address of New Registered Agent
			81 Name	
1	n, davið m.		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	V 35D AVE.		83	
GAINES	VILLE FL 32607			
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the purpose of changing its registers ration's board of directors. I hereby accept the appointment as registered
oπice or r agent, f a	egistered agent, or both, in the State im familiar with, and accept the obliq	e of Florida, Such Change was gations of, Section 617.0503, F	orida Statutes.	ation's board of directors. Thereby accept the appointment as registered
SIGNATURE				
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent signature req	duired when reinstaling) LATE
	OFFICERS AN	ID DIRECTORS	13	7
	OFFICERS AN	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Change
TITLE NAME		70.70		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	70.70	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	VD SPECIE, GARY	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Change Addit
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■ 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

MICHIEROCHIRDAVID M HENDON

CR2E037 (10/97

FILED

Feb 06 1998 8:00am

Secretary of State