

FILE NOW: FILING FEE IS \$61.25

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Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90001 015 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770604

1. Corporation Name
FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.

Principal Place of Business 2627 NW 3RD AVE. P.O. BOX 12182, UNIVERSITY STATION GAINESVILLE FL 32604	Mailing Address 2627 NW 3RD AVE. P.O. BOX 12182, UNIVERSITY STATION GAINESVILLE FL 32604
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/05/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6141908
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPECIE, GARY		1.2 NAME	
STREET ADDRESS PO BOX 57 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP EARLTON FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARK DELEGAL		2.2 NAME	
STREET ADDRESS 1840 WAGON WHEEL CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32311		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENDON, DAVID M.		3.2 NAME	
STREET ADDRESS 2627 N.W. 3RD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARNER, MARK		4.2 NAME	
STREET ADDRESS 3580 SW 63RD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGILVIE, BRETT		5.2 NAME	
STREET ADDRESS 313 CARISBROOKE ST		5.3 STREET ADDRESS	
CITY-ST-ZIP OCOE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: David M. Hendon Date: 6-10-99 Daytime Phone #: 352-392-2937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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