


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT #770604 1. Entity Name FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.	
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Principal Place of Business 5 FRATERNITY ROW GAINESVILLE, FL 32603	Mailing Address PO BOX 12182 GAINESVILLE, FL 32604
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02232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6141908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CATLEDGE, LEE 5414 NW 69TH LANE GAINESVILLE, FL 32653
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lee Catledge, Treasurer *[Signature]* - 2/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ~~\$5.00~~ May Be Added to Fees

11007000453406
03/14/06-80021-005 70.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SICCARDI, ARTHUR J
STREET ADDRESS	580 BRANTLEY TERRACE WAY #308
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VD
NAME	JONES, KYLE
STREET ADDRESS	501 SE 2ND STREET, #1442
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	TD
NAME	CATLEDGE, LEE
STREET ADDRESS	5414 NW 69TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	SD
NAME	PLUM, MIKE
STREET ADDRESS	1241 LAKE ELBERT DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	CLAYTON, JAMES
STREET ADDRESS	111 SE 1ST AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	BOTHE, DAVID
STREET ADDRESS	463 PICASSO DRIVE
CITY-ST-ZIP	NOKOMIS, FL 34275

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/28/06