

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770604

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.

**Current Principal Place of Business:**

5 FRATERNITY ROW  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12182  
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number:** 59-6141908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CATLEDGE, LEE  
5414 NW 69TH LANE  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SICCARDI, ARTHUR J  
Address: 580 BRANTLEY TERRACE WAY #308  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD ( ) Delete  
Name: JONES, KYLE  
Address: 501 SE 2ND STREET, #1442  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: TD ( ) Delete  
Name: CATLEDGE, LEE  
Address: 5414 NW 69TH LANE  
City-St-Zip: GAINESVILLE, FL 32653

Title: SD ( ) Delete  
Name: PLUM, MIKE  
Address: 1241 LAKE ELBERT DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: CLAYTON, JAMES  
Address: 111 SE 1ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: BOTHE, DAVID  
Address: 463 PICASSO DRIVE  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SMITH, DANNIEL  
Address: 6700 ROSEMARY LANE  
City-St-Zip: CHARLOTTE, NC 282107017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE CATLEDGE

TD

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date