

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770604

FILED
Feb 18, 2009
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:

LEYNSE, KEN
15373 ROOSEVELT BLVD
SUITE 200
CLEARWATER, FL 33760 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: SMITH, DANNIEL
Address: 6700 ROSEMARY LANE
City-St-Zip: CHARLOTTE, NC 282107017

Title: TD () Delete
Name: LEYNSE, KEN
Address: 15373 ROOSEVELT BLVD #200
City-St-Zip: CLEARWATER, FL 33760

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

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

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City-St-Zip:

Title: () Change () Addition
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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: KEN LEYNSE

TD

02/18/2009

Electronic Signature of Signing Officer or Director

Date