

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90052 034 ****61.25

DOCUMENT # F02000004306			
1. Entity Name			
EPSILON SIGMA PHI - THE NATIONAL HONORARY EXTENSION FRATERNITY, INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 357340 GAINESVILLE FL 32635-7340		P.O. BOX 357340 GAINESVILLE FL 32635-7340	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number		52-6044675		Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COOK, LINDA D 2621 N.W. 29TH PLACE GAINESVILLE FL 32605				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OHLENSEHLEN, BOB		NAME				
STREET ADDRESS	246 3RD AVE. EAST		STREET ADDRESS				
CITY-ST-ZIP	TWIN FALLS ID 83301		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOVIAND, JAMES		NAME				
STREET ADDRESS	227 ADMIN/EXT. BLDG.		STREET ADDRESS				
CITY-ST-ZIP	FOND DULAC WI 54935		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STICKLER, FAY B		NAME	NANCY E. CRAIGO			
STREET ADDRESS	1238 COUNTY WELFARE ROAD		STREET ADDRESS	400 N. Lexington Ave			
CITY-ST-ZIP	LEESPORT PA 19533		CITY-ST-ZIP	PITTSBURGH, PA 15280-2521			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MC GEE, BONNIE D		NAME				
STREET ADDRESS	104 JACK K. WILLIAMS ADMIN BLDG.		STREET ADDRESS				
CITY-ST-ZIP	COLLEGE STATION TX 77843-7101		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COOK, LINDA D		NAME				
STREET ADDRESS	P.O. BOX 357340		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32635-7340		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. 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 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: *Linda D. Cook* LINDA D. COOK 2/18/04 (352) 378-6665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #