

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# F02000004306

Entity Name: EPSILON SIGMA PHI - THE NATIONAL HONORARY EXTENSION FRATERNITY, INC.

Current Principal Place of Business:

P.O. BOX 357340
GAINESVILLE, FL 326357340

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357340
GAINESVILLE, FL 326357340

New Mailing Address:

FEI Number: 52-6044675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, LINDA D
2621 N.W. 29TH PLACE
GAINESVILLE, FL 32605 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: DV () Delete
Name: OHLENSEHLEN, BOB
Address: 246 3RD AVE. EAST
City-St-Zip: TWIN FALLS, ID 83301

Title: DV () Delete
Name: HOVLAND, JAMES
Address: 227 ADMIN/EXT. BLDG.
City-St-Zip: FOND DULAC, WI 54935

Title: V () Delete
Name: CRAGO, NANCY E
Address: 400 N. LEXINGTON AVE
City-St-Zip: PITTSBURGH, PA 152902521

Title: VD () Delete
Name: BAKER, DELLA A
Address: 108 BARRE HALL, CLEMSON UNIV
City-St-Zip: CLEMSON, SC 29634

Title: STD (X) Delete
Name: COOK, LINDA D
Address: P.O. BOX 357340
City-St-Zip: GAINESVILLE, FL 326357340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: CRAGO, NANCY
Address: 400 N. LEXINGTON AVE
City-St-Zip: PITTSBURGH, PA 152082521 US

Title: DV (X) Change () Addition
Name: BAKER, DELLA
Address: 108 BARRE HALL CLEMSON UNIVERSITY
City-St-Zip: CLEMSON, SC 29634 US

Title: V (X) Change () Addition
Name: JOHNSON, DUANE P
Address: 4078 NW DALE DR
City-St-Zip: CORVALLIS, OR 973302902 US

Title: STD (X) Change () Addition
Name: COOK, LINDA D
Address: 2621 NW 29TH PL
City-St-Zip: GAINESVILLE, FL 32605 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA D. COOK

Electronic Signature of Signing Officer or Director

MS

04/25/2006

Date