


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 044 ****61.25

DOCUMENT # F02000004306					
1. Entity Name EPSILON SIGMA PHI - THE NATIONAL HONORARY EXTENSION FRATERNITY, INC.					
Principal Place of Business P.O. BOX 357340 GAINESVILLE, FL 32635-7340		Mailing Address P.O. BOX 357340 GAINESVILLE, FL 32635-7340			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-6044675	
				Applied For <input type="checkbox"/> 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 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CRAGO, NANCY	NAME	Ellen I. Burton		
STREET ADDRESS	400 N. LEXINGTON AVE	STREET ADDRESS	801 N Country FAIR DR Ste 1		
CITY-ST-ZIP	PITTSBURGH, PA 152082521	CITY-ST-ZIP	Champaign, IL 61821		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, DELLA	NAME			
STREET ADDRESS	108 BARRE HALL CLEMSON UNIVERSITY	STREET ADDRESS			
CITY-ST-ZIP	CLEMSON, SC 29634	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DUANE P	NAME			
STREET ADDRESS	4078 NW DALE DR	STREET ADDRESS			
CITY-ST-ZIP	CORVALLIS, OR 973302902	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	2621 NW 29TH PL	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32605	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			
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 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: <i>Linda D. Cook</i> LINDA D. COOK		3-7-07 (352) 378-6665		Date Daytime Phone #	