

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2008  
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:**

2621 NW 29TH PL  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

P.O. BOX 357340  
GAINESVILLE, FL 326357340

**New Mailing Address:**

P.O. BOX 357340  
GAINESVILLE, FL 326357340 US

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: V ( ) Delete  
Name: BURTON, ELLEN I  
Address: 801 N COUNTRY FAIR DR STE 1  
City-St-Zip: CHAMPAIGN, IL 61821 US

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

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

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

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

Title: V (X) Change ( ) Addition  
Name: BURTON, ELLEN I  
Address: 201 KNOLLWOOD DR STE C  
City-St-Zip: CHAMPAIGN, IL 61820 US

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: LINDA D. COOK

STD

04/23/2008

Electronic Signature of Signing Officer or Director

Date