

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# F02000004306

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

Current Principal Place of Business:

2621 NW 29TH PL
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357340
GAINESVILLE, FL 326357340 US

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: V () Delete
Name: BURTON, ELLEN I
Address: 201 KNOLLWOOD DR STE C
City-St-Zip: CHAMPAIGN, IL 61820 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: 1541 TIMBERLINE RD
City-St-Zip: CONGERVILLE, IL 61729 US

Title: DV (X) Change () Addition
Name: CORRIDON, CASSANDRA
Address: 8020 GREENMEAD DR BLDG 800
City-St-Zip: COLLEGE PARK, MD 207404000 US

Title: V (X) Change () Addition
Name: THOMASON, DEBORAH J
Address: 237 POOLE AGRICULTURAL CENTER
City-St-Zip: CLEMSON, SC 29634 US

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

Electronic Signature of Signing Officer or Director

EXEC

04/13/2009

Date