

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90122 049 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-6044675**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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 type="checkbox"/> Delete
NAME	OHLSENHLEN, BOB	
STREET ADDRESS	246 3RD AVE. EAST	
CITY-ST-ZIP	TWIN FALLS ID 83301	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOFIAND, JAMES	
STREET ADDRESS	227 ADMIN/EXT. BLDG.	
CITY-ST-ZIP	FOND DULAC WI 54935	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STICKLER, FAY B	
STREET ADDRESS	1238 COUNTY WELFARE ROAD	
CITY-ST-ZIP	LEESPORT PA. 19533	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGEE, BONNIE D	
STREET ADDRESS	104 JACK K. WILLIAMS ADMIN BLDG.	
CITY-ST-ZIP	COLLEGE STATION TX 77843-7101	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COOK, LINDA D	
STREET ADDRESS	P.O. BOX 357340	
CITY-ST-ZIP	GAINESVILLE FL 32635-7340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____

SIGNATURE REQUIRED

4/1/03 - (352) 378-6665

CR2E037 (10/02)