

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

DOCUMENT# N08000007059

**Entity Name:** ALUMNI CORPORATION OF THE SIGMA PHI EPSILON FRATERNITY AT STETSON UNIVERSITY, INC.

**Current Principal Place of Business:**

421 N. WOODLAND BLVD.  
UNIT 8243  
DELAND, FL 32723

**New Principal Place of Business:**

**Current Mailing Address:**

421 N. WOODLAND BLVD.  
UNIT 8243  
DELAND, FL 32723

**New Mailing Address:**

**FEI Number:** 59-0991301      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORREALE, FRANK  
3017 OAK STREET  
JACKSONVILLE, FL 32205      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: PD  
Name: HOWELL, CRAIG  
Address: 8395 RODEO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD  
Name: TRAVIS, ROBERT  
Address: 2720 MARSH WREN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: T  
Name: BRUNING, SAMUEL A  
Address: P.O. BOX 1562  
City-St-Zip: STUART, FL 34995

Title: S  
Name: BRUMBACK, WESLEY W  
Address: 4593 OLD CARRIAGE TRAIL  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL A. BRUNING

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02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date