

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001864 (6)**

1. Corporation Name

**THE FLORIDA STATE COLONY ALUMNI OF DELTA SIGMA P
HI FRATERNITY INCORPORATED**



Principal Place of Business 2133 MERIDIAN AVE. MIAMI BEACH FL 33139	Mailing Address 2133 MERIDIAN AVE. MIAMI BEACH FL 33139-1512
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3. Date Incorporated or Qualified 04/19/1995	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 409 W. College Ave	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Tallahassee, FL	City & State 28
Zip 24 32306	Country 25 Leon
Country	Country
29	30

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent PIMENTEL, JAMIE R 2133 MERIDIAN AVE. MIAMI BEACH FL 33139	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

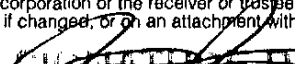
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPSM ☐ DELETE	1.1 TITLE	C/P/D ☒ Change ☐ Addition
NAME	PIMENTEL, JAMIE	1.2 NAME	
STREET ADDRESS	2133 MERIDIAN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH FL	1.4 CITY - ST - ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	RAY, BRIAN D	2.2 NAME	STONE, Brian
STREET ADDRESS	737 GOLD NUGGET TRAIL	2.3 STREET ADDRESS	355 Harbor Lane
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	Key Biscayne FL
TITLE	D ☐ DELETE	3.1 TITLE	V/D ☒ Change ☐ Addition
NAME	STONE, SHAWN E.	3.2 NAME	
STREET ADDRESS	355 HARBOR LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAINE FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	M ☒ Change ☐ Addition
NAME	KROOG, LEENITH BERNAR	4.2 NAME	Kroog, Kenny
STREET ADDRESS	202 N. 5TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	T/D ☒ Change ☐ Addition
NAME	WEEKS, DAVID L	5.2 NAME	
STREET ADDRESS	1016 SUNSET RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH FL	5.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CRISAFULLI, DANIEL J.	6.2 NAME	
STREET ADDRESS	8974 WILDWOOD LN.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	6.4 CITY - ST - ZIP	

1.1 TITLE	C/P/D ☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D ☐ Change ☒ Addition
2.2 NAME	STONE, Brian
2.3 STREET ADDRESS	355 Harbor Lane
2.4 CITY - ST - ZIP	Key Biscayne FL
3.1 TITLE	V/D ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	M ☒ Change ☐ Addition
4.2 NAME	Kroog, Kenny
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	T/D ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/24/97** **305-531-8449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027419

CR2E037 (9/96)