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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001864 (6)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
2133 MERIDIAN AVE. MIAMI BEACH FL 33139	2133 MERIDIAN AVE. MIAMI BEACH FL 33139-1512

3. Date Incorporated or Qualified: 04/19/1995
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21 409 W. College Ave
Suite, Apt. #, etc. 22
City & State 23 Tallahassee, FL
Zip 24 32306 Country 25 Leon

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 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

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 617.1508, 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 _____
Signature, typed or printed name of registered agent and title if applicable (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	365 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 BISCAYNE 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		

CR2E037 (9/96)

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