


FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90073 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726363					
1. Corporation Name FLORIDA SIGMA CHAPTER OF SIGMA ALPHA EPSILON HOUSING CORPORATION					
Principal Place of Business 1775 EAST NINE MILE ROAD PENSACOLA FL 32514			Mailing Address POST OFFICE BOX 12281 PENSACOLA FL 32581 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/08/1973	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-7442704	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MURZIN, DAVID 2401 SWEETHEART LANE PENSACOLA FL 32526				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURZIN, DAVID J			1.2 NAME			
STREET ADDRESS	21401 SWEETHEART LN			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32526			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNELISON, MIKE			2.2 NAME			
STREET ADDRESS	4667 GERI STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MILTON FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOOLBY, DALE			3.2 NAME			
STREET ADDRESS	5013 PATTOCK PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PACE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, RICH			4.2 NAME			
STREET ADDRESS	700 N. 68TH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COURNAND, HENRI			5.2 NAME			
STREET ADDRESS	8400 WILLIAMSBURG CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEMIGAN, KEN			6.2 NAME			
STREET ADDRESS	2025 BRENDA AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

Signature of Rich Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)