

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002196

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** GAMMA CHI CHAPTER INCORPORATED OF PHI SIGMA PI NATIONAL HONOR FRATERNITY

**Current Principal Place of Business:**

PO BOX 621795  
OVIEDO, FL 32762

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 621795  
OVIEDO, FL 32762

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCCORMACK, MONICA  
1341 NORTHGATE CIR #201  
OVIEDO, FL 32765 US

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

PATEL, MONICA  
1398 NORTHGATE CIR 202  
OVIEDO, FL 32765 US

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: HEMITA PATEL

05/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YANKOWICH, ASHLEY  
Address: 307 WILD OLIVE LANE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: C ( ) Delete  
Name: EINHORN, LAUREN  
Address: 9530 NW 20 PLACE  
City-St-Zip: FORT LAUDERDALE, FL 33322 US

Title: CD ( ) Delete  
Name: RAPPAPORT, RACHEL  
Address: 3733 N GOLDENROD RD APT 813  
City-St-Zip: WINTER PARK, FL 32792 US

Title: C ( ) Delete  
Name: PAYNE, THERESA  
Address: 912 RIVER RAPIDS AVE  
City-St-Zip: BRANDON, FL 33511 US

Title: C (X) Delete  
Name: ANGELOU, LEILA  
Address: 12153 KINGS KNIGHT WAY #203  
City-St-Zip: ORLANDO, FL 32817 US

Title: TD (X) Delete  
Name: HOSKINS, EMILY  
Address: 10849 HEATHER RIDGE CIR APT 208  
City-St-Zip: ORLANDO, FL 32817 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PATEL, HEMITA  
Address: 1398 NORTHGATE CIRCLE APT 202  
City-St-Zip: OVIEDO, FL 32765 US

Title: TD (X) Change ( ) Addition  
Name: EVAN, MOLNAR  
Address: 176 RESERVE CIRCLE APT 208  
City-St-Zip: OVIEDO, FL 32765 US

Title: H (X) Change ( ) Addition  
Name: SHELDON, ALLIE  
Address: 4491 DIAMOND CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34233 US

Title: RA (X) Change ( ) Addition  
Name: PAYNE, THERESA  
Address: 912 RIVER RAPIDS AVE  
City-St-Zip: BRANDON, FL 33511 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HEMITA PATEL

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date