

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100000273

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC5286547721**

**Entity Name:** GREATER MIAMI SIGMA CHI ALUMNI CHAPTER INC

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD  
STE 700  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BLVD  
STE 700  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-4599271

**Certificate of Status Desired:** No

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

HOCKMAN, ERIC P ESQ.  
2525 PONCE DE LEON BLVD  
STE 700  
CORAL GABLES, FL 33134 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:** ERIC P. HOCKMAN

02/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARSON, DAVID  
Address        2525 PONCE DE LEON BLVD  
                  STE 700  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            DAMM, JASON  
Address        2525 PONCE DE LEON BLVD  
                  STE 700  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            GARCIA, JOSE  
Address        2525 PONCE DE LEON BLVD  
                  STE 700  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            FELDHACKER, NATHAN  
Address        2525 PONCE DE LEON BLVD  
                  STE 700  
City-State-Zip: CORAL GABLES FL 33134

Title            CHAPTER EDITOR /  
                  UNDERGRADUATE LIAISON  
Name            GUSTAFSON, WILLIAM  
Address        2525 PONCE DE LEON BLVD  
                  STE 700  
City-State-Zip: CORAL GABLES FL 33134

*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:** NATHAN FELDHACKER

**SECRETARY**

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date