

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003665

Entity Name: PHI SIGMA SIGMA NATIONAL HOUSING CORPORATION**Current Principal Place of Business:**1213 LIBERTY RD
SUITE J #335
ELDERSBURG, MD 21784**Current Mailing Address:**1213 LIBERTY RD
SUITE J #335
ELDERSBURG, MD 21784 US**FEI Number:** 65-0434520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELDMAN, CARYN
1017 N M STREET
LAKE WORTH, FL 33460 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:** CARYN FELDMAN

02/01/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WONNENBERG, MARY KATHLEEN
Address	1213 LIBERTY RD SUITE J #335
City-State-Zip:	ELDERSBURG MD 21784

Title	TREASURER
Name	GROSSMAN, SANDRA
Address	1213 LIBERTY RD SUITE J #335
City-State-Zip:	ELDERSBURG MD 21784

Title	SECRETARY, VP
Name	DECARLO, EMILY
Address	1213 LIBERTY RD SUITE J #335
City-State-Zip:	ELDERSBURG MD 21784

Title	DIRECTOR
Name	GENTRY, BARBARA
Address	1213 LIBERTY RD SUITE J #335
City-State-Zip:	ELDERSBURG MD 21784

Title	DIRECTOR
Name	SCOTT, ALICIA PHD
Address	1213 LIBERTY RD SUITE J #335
City-State-Zip:	ELDERSBURG MD 21784

Title	DIRECTOR
Name	LAU, WENDY
Address	1213 LIBERTY RD SUITE J #355
City-State-Zip:	ELDERSBURG MD 21784

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: SANDRA GROSSMAN**TREASURER**

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date