

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003487

**Entity Name:** SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI ASSOCIATION, INC.

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC8750921879**

**Current Principal Place of Business:**

C/O THOMAS B. JELKE PHD  
3100 BRICKELL AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

C/O THOMAS B. JELKE PHD  
3100 BRICKELL AVENUE  
MIAMI, FL 33129 US

**FEI Number: 65-0765057**

**Certificate of Status Desired: No**

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

JELKE, THOMAS BARTHOLOMAY PHD  
C/O THOMAS B. JELKE PHD  
3100 BRICKELL AVENUE  
MIAMI, FL 33129 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:** THOMAS B JELKE PHD

02/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HONDAL, EDUARDO  
Address        C/O THOMAS B. JELKE PHD  
                  3100 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33129

Title            SECRETARY  
Name            JELKE, THOMAS B  
Address        C/O THOMAS B. JELKE PHD  
                  3100 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33129

*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:** THOMAS B JELKE

**SECRETARY**

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date