## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003487

Entity Name: SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI

ASSOCIATION, INC.

**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

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

HONDAL, EDUARDO JELKE, THOMAS B Name Name

Address C/O THOMAS B. JELKE PHD Address C/O THOMAS B. JELKE PHD 3100 BRICKELL AVENUE

3100 BRICKELL AVENUE

SECRETARY

MIAMI FL 33129 City-State-Zip: MIAMI FL 33129 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

**FILED** Feb 09, 2017

**Secretary of State** 

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