

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001877

**Entity Name:** SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.

**FILED**  
**Mar 09, 2024**  
**Secretary of State**  
**3217488662CC**

**Current Principal Place of Business:**

C/O LOUIS P. ARCHAMBAULT  
701 BRICKELL AVENUE 17TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

C/O LOUIS P. ARCHAMBAULT  
701 BRICKELL AVENUE 17TH FLOOR  
MIAMI, FL 33131 US

**FEI Number: 65-0922880**

**Certificate of Status Desired: No**

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

ARCHAMBAULT, LOUIS P  
701 BRICKELL AVENUE  
17TH FLOOR  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name ARCHAMBAULT, LOUIS  
Address 701 BRICKELL AVENUE  
17TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MERCHAN, GARY  
Address 1018 FOX HOLLOW PLACE  
City-State-Zip: ADAMS TN 37010

Title DIRECTOR, TREASURER  
Name LEIS, BEN  
Address 401 NE MIZNER BOULEVARD  
#705  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR, VP  
Name DIAZ, JOSE F  
Address 8567 CORAL WAY  
UNIT 374  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR, PRESIDENT  
Name TAHMOUSH, BRIAN  
Address 2824 CAMERON POND DRIVE  
City-State-Zip: CARY NC 27519

*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: /S/ LOUIS ARCHAMBAULT**

**SECRETARY**

**03/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date