

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001877

Entity Name: SIGMA PHI EPSILON FLORIDA GAMMA CHAPTER ALUMNI BOARD, INC.**FILED**
Apr 07, 2022
Secretary of State
6095267869CC**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, TREASURER
Name LEIS, BEN
Address 401 NE MIZNER BOULEVARD
#705
City-State-Zip: BOCA RATON FL 33432**Title** DIRECTOR, PRESIDENT
Name TAHMOUSH, BRIAN
Address 2824 CAMERON POND DRIVE
City-State-Zip: CARY NC 27519**Title** DIRECTOR
Name MERCHAN, GARY
Address 1018 FOX HOLLOW PLACE
City-State-Zip: ADAMS TN 37010**Title** DIRECTOR, VP
Name DIAZ, JOSE F
Address 8567 CORAL WAY
UNIT 374
City-State-Zip: MIAMI FL 33155

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: LOUIS P ARCHAMBAULT**SECRETARY****04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date