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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706212** **(8)**

1. Corporation Name

SIGMA CHI FRATERNITY GAMMA THETA CHAPTER, INC.

Principal Place of Business	Mailing Address
8 FRATERNITY ROW CAMPUS U OF F (32603) GAINESVILLE FL 32604-2511	8 FRATERNITY ROW CAMPUS U OF F (32603) GAINESVILLE FL 32603-2173

3. Date Incorporated or Qualified: **09/26/1963**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-0626226** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OLINGER, WILLIAM D.
2700 NW 43 ST STE A
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, JOHN W. III		1.2 NAME	
STREET ADDRESS	2531 NW 41 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAIER, FRANK P		2.2 NAME	
STREET ADDRESS	6410 NW 56TH LN.		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OLINGER, WILLIAM D		3.2 NAME	
STREET ADDRESS	2700 NW 43 ST STE A		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DALE, ROBERT O.		4.2 NAME	
STREET ADDRESS	2212 NW 26 TERR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32604		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, FRANK A. III		5.2 NAME	
STREET ADDRESS	423 NW 21 ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Olinger (William D. Olinger) 3/7/97 (352) 373-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010764