2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 706212

Entity Name: SIGMA CHI FRATERNITY GAMMA THETA CHAPTER, INC.

Current Principal Place of Business:

8 FRATERNITY ROW CAMPUS U OF F
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

2700-A NW 43RTD STREET
GAINESVILLE, FL 32606

New Mailing Address:

PO BOX 12193
GAINESVILLE, FL 32604

FEI Number: 59-0626226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLINGER, WILLIAM D
2700-A N.W. 43RD STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

HORRELL, DAVE
4340 NEWBERRY ROAD
GAINESVILLE, FL 32607 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: DAVE HORRELL 04/28/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KIRKPATRICK, JOHN W
Address: 2531 N.W. 41ST ST.
City-St-Zip: GAINESVILLE, FL

Title: P ( ) Delete
Name: SAIER, FRANK P
Address: 6410 N.W. 56TH LANE
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: OLINGER, WILLIAM D
Address: 2700-A N.W. 43RD ST.
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: DALE, ROBERT O
Address: 2212 N.W. 26TH TERR.
City-St-Zip: GAINESVILLE, FL 32604

Title: T ( ) Delete
Name: GREEN, FRANK A III
Address: 423 N.W. 21ST ST.
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HAMM, DENNIS
Address: 8 FRATERNITY ROW.
City-St-Zip: GAINESVILLE, FL 32603

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: HORRELL, DAVE
Address: 4340 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVE HORRELL O 04/28/2008
Electronic Signature of Signing Officer or Director Date