

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706212

FILED
Apr 21, 2009
Secretary of State

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:

PO BOX 12193
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-0626226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORRELL, DAVE
4340 NEWBERRY ROAD
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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

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: HAMM, DENNIS
Address: 8 FRATERNITY ROW.
City-St-Zip: GAINESVILLE, FL 32603

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, TIM
Address: PO BOX 12193
City-St-Zip: GAINESVILLE, FL 32604

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

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

Title: D (X) Change () Addition
Name: DICKS, JOHN
Address: 1809 SWEETBAY CT
City-St-Zip: PLANT CITY, FL 33566

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

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: DENNIS HAMM

DIRE

04/21/2009

Electronic Signature of Signing Officer or Director

Date