

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 05, 2009
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:**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: ANDERSON, TIM
Address: PO BOX 12193
City-St-Zip: GAINESVILLE, FL 32604

Title: P () Delete
Name: TIM, ANDERSON P
Address: PO BOX 12193
City-St-Zip: GAINESVILLE, FL 32604

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

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

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: OLINGER, WILLIAM
Address: 2700 A NW 43RD ST
City-St-Zip: GAINESVILLE, FL 32606

Title: P (X) Change () Addition
Name: SAIER, FRANK P
Address: 4041 -B NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

D

11/05/2009

Electronic Signature of Signing Officer or Director

Date