

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **716371** (0)  
1. Corporation Name  
**EPSILON SIGMA HOUSING OF TALLAHASSEE, FLORIDA, I NC.**



Principal Place of Business Mailing Address  
**3648 HARPERS FERRY DR.  
C/O CHARLIE MINTER  
TALLAHASSEE FL 32308  
US**  
**P.O. BOX 10317  
% ROBERT N. CLARKE, JR., P.O. BOX 391  
TALLAHASSEE FL 32301  
US**

3. Date Incorporated or Qualified **04/11/1969** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-6200513** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

9. Name and Address of Current Registered Agent

**NEUSTADTER DAN  
2001 GARDEN BROOK LANE  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINTER, CHARLIE</b>	1.2 NAME	
STREET ADDRESS	<b>3648 HARPERS FERRY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOMAT, ROBERTO, SR</b>	2.2 NAME	
STREET ADDRESS	<b>616 FOREST LAIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SKIP</b>	3.2 NAME	
STREET ADDRESS	<b>208 WINNCAY DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N CLARKE ROBERT JR.</b>	4.2 NAME	
STREET ADDRESS	<b>227 S CALHOUN ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOSS, GRADY</b>	5.2 NAME	
STREET ADDRESS	<b>1341 CHERRY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGARS, MARK</b>	6.2 NAME	<b>D NEUSTADTER, DAN</b>
STREET ADDRESS	<b>311 NO. ADAMS</b>	6.3 STREET ADDRESS	<b>2001 GARDENBROOK LN</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY-ST-ZIP	<b>TALLAHASSEE FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dan Neustadter **DAN NEUSTADTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96 **904-575-0179**  
Date Daytime Phone #

CR2E037 (12/95)