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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DELTA SIGMA PHI FRATERNITY OF FLORIDA INSTITUTE OF TECHNOLOGY, INC.

Surie, Apt. #, etc.  Surie, Ap	ort  ed For  Applicable ditional uired ay Be Fees .032,
MELBOURNE FL 32901    Surial Principal Place of Business   2a Mailing Address   4. FEI Number   12/12/1969   04/03/1995	ed For Applicable ditional lired ay Be Fees .032,
US  US  3. Date Incorporated or Qualified 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/1969 12/12/12/12/1969 12/12/12/12/12/12/12/12/12/12/12/12/12/1	ed For Applicable ditional lired ay Be Fees .032,
2. Principal Place of Business 2. Mailing Address 4. FEI Number 2. Applie 2. Applie 2. Surfe, Apt. #, etc. 5. Certificate of Status Desired 1.	ed For Applicable ditional lired ay Be Fees .032,
2. Principal Place of Business 2. A. Mailing Address 2. A. FEI Number 2. Applie 59-1685796 Not. A Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fei Number 59-1685796 Not. A Fee Regular 2. Suite, Apt. #, etc. 5. Certificate of Status Desired	ed For Applicable ditional uired ay Be Fees .032,
Surie, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Since Apt. #, etc.  Since Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Since Apt. etc.  Since Address of Current Rogistored Agent  10. Name and Address of New Registered Agent  Since Address (P.O. Box Number is Not Acceptable)  Since Add	Applicable ditional ulred ay Be Fees .032,
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RVIN, JAMES N. 2708 WATKINS DE   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City   FL   85   Zip Coc   85   Zip Coc   86   City   FL   85   Zip Coc   87   City   87   Zip Coc   87   City   87   Zip Coc   27   City   27   Zip Coc	tered office
IRVIN, JAMES N. 2708 WATKINS DE MELBOURNE FL 32901  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 register 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 familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature typed or printed name of registered agent and life if applicable.  INOTE Peg stered Agent agreeture required when reinstating.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. TITLE  PD WILEY, WARREN I. 4225 OVERHILL DR. 4226 OVERHILL DR. 4227 OVERHILL DR. 4226 OVERHILL DR. 4227 OVERHILL DR. 4228 OVERHILL DR. 4229 OVERHILL DR. 4220 OVERHILL DR. 4220 OVERHILL DR. 4221 TITLE  SD Change  Change  Change  Change  Change  Change  Change	tered office
2708 WATKINS DE MELBOURNE FL 32901  84 City FL 85 Zip Coc  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 register 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, Speed or printed name of registered agent agent signature required when reinstating:  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  ITILE PD DELETE 1.1 TITLE PD Change Ch	tered office
MELBOURNE FL 32901  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 register 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 amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent.  In the submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent. The submits this statement for the purpose of changing its registered agent.  In the submits this statement for the purpose of changing its registered agent. The submits this statement for the purpose of changing its registered agent. The submits this statement for the purpose of changing its registered agent. The submits this statement for the purpose of changing its registered agent. The submits this statement for the purpose of changing its registered agent. The submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its registered agent and submits this statement for the purpose of changing its r	tered office
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SIGNATURE   Signature, typed or printed name of registered agent and little if applicable   (NOTE: Registered Agent Signature required when reinstating)   DATE	
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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 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 mac cath; that I am an officer or director of the corporately nor the receiver or trustee empowered to execute this report as required by Charge 617, Florida Statutes; and that my appears in Block 12 or Block 13 if charge 67 or yet an attachment with an address.	further de under y name