

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726363

FILED
Apr 27, 2007
Secretary of State

Entity Name: FLORIDA SIGMA CHAPTER OF SIGMA ALPHA EPSILON HOUSING CORPORATION

Current Principal Place of Business:

POST OFFICE BOX 12281
PENSACOLA, FL 32591 US

New Principal Place of Business:

316 SOUTH BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502 US

Current Mailing Address:

POST OFFICE BOX 12281
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 23-7442704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRAWFORD, JASON D
316 SOUTH BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502 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: PRES () Delete
Name: CRAWFORD, JASON D
Address: 1002 N. DEVILLIERS ST
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: KENNEY, BRENT
Address: 7791 GRUNDY ST. PENSACOLA
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: GOOLSBY, DALE
Address: 5663 DORAL DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: RANDLE, RODNEY
Address: 905 AQUAMARINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: ROCHE, EL
Address: 1765 E. NINE MILE RD. STE. 1-242
City-St-Zip: PENSACOLA, FL 32514

Title: TRES () Delete
Name: SUTTON, RODNEY
Address: 1113 CRANE COVE BLVD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: JASON D. CRAWFORD

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date