

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729014

FILED  
Jan 23, 2008  
Secretary of State

**Entity Name:** THE ETA IOTA HOUSE CORPORATION OF THE SIGMA CHI INTERNATIONAL FRATERNITY, INC.

**Current Principal Place of Business:**

9121 BREWSTERS DR  
ANCHORAGE, AK 99516

**New Principal Place of Business:**

**Current Mailing Address:**

9121 BREWSTERS DR  
ANCHORAGE, AK 99516

**New Mailing Address:**

FEI Number: 81-0593541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRASER, DAVE  
392 MUDDY CREEK LANE  
ORMOND BEACH, FL 32174      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: P      ( ) Delete  
Name: AHRENS, JAMES  
Address: 12301 KERNAN FOREST BLVD #401  
City-St-Zip: JACKSONVILLE, FL 32225

Title: V      ( ) Delete  
Name: PATTERSON, JAMES  
Address: 21 SUNSHINE BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T      ( ) Delete  
Name: DOWNS, SETH H  
Address: 9121 BREWSTERS DR  
City-St-Zip: ANCHORAGE, AK 99516

Title: S      ( ) Delete  
Name: MILLER, BRETT  
Address: 1307 DEXTER DR WEST  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: AHRENS, JAMES  
Address: 17 RIVERVIEW LN  
City-St-Zip: COCOA BEACH, FL 32931

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: SETH DOWNS

T

01/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date