

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 733514

1. Entity Name
EPSILON ZETA OF SIGMA CHI, INC.



Principal Place of Business
1415 E PIEDMONT DR
SUITE 4
TALLAHASSEE, FL 32308 US

Mailing Address
PO BOX 12246
TALLAHASSEE, FL 32317 US

FILED
04 APR 30 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0447428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENTON, RICHARD E
1415 E PIEDMONT DRIVE
SUITE 4
TALLAHASSEE, FL 32312

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTAS, JAMES 1415 E PIEDMONT DR STE 4 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICKLITER, RAY 4117 COVENANT LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGGERT, F. MICHAEL F 6863 BUCK LAKE ROAD TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MICHAEL J 215 S MONROE ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, RICHARD E 1415 E PIEDMONT DR #4 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, JOHN 4435 TOUCHTON RD STE 726 JACKSONVILLE, FL 32246

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE Benton

Dir.

4/30/04

850 297 0990