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 # **733739** **(7)**

1. Corporation Name

FLORIDA UPSILON HOUSE CORPORATION OF SIGMA ALPHA EPSILON FRATERNITY, INC.

Principal Place of Business	Mailing Address
2 FRATERNITY ROW GAINESVILLE FL 32604	P. O. BOX 13117 GAINESVILLE FL 32604 US

3. Date Incorporated or Qualified: **09/04/1975**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1755953** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HENDERSON, JAMES D. II
3501 S. MAIN ST., SUITE 2
GAINESVILLE FL 32601

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 required for either change of registered agent and/or application. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, JAMES D. II	12 NAME	
STREET ADDRESS	3501 S. MAIN ST., #2	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CORNWELL, DAVID	22 NAME	
STREET ADDRESS	803 NW 23RD AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	24 CITY-ST-ZIP	
TITLE	STD ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	~~CANTRELL, FREDERICK~~	32 NAME	
STREET ADDRESS	P. O. BOX 14282	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KOLAR, ALAN	42 NAME	
STREET ADDRESS	2632 NW 29 PL	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WATSON, ROBERT F	52 NAME	
STREET ADDRESS	620 N.W. 16TH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	FREDERICK, WILLIAM	62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: [signature] 1-24-96 352-371-9778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)