

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733739

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA UPSILON HOUSE CORPORATION OF SIGMA ALPHAEPSILON FRATERNITY, INC.

Current Principal Place of Business:

2 FRATERNITY ROW
GAINESVILLE, FL 32604

New Principal Place of Business:

2 FRATERNITY ROW
GAINESVILLE, FL 32603

Current Mailing Address:

P. O. BOX 13117
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-1755953 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHN WEIDNER
4136 NW 34TH DRIVE
GAINESVILLE, FL 32605 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: WEIDNER, JOHN
Address: 4136 NW 34TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: CANTRELL, FRED
Address: PO BOX 14282
City-St-Zip: GAINESVILLE, FL 32604

Title: D () Delete
Name: MASSMANN, RICHARD
Address: 4481 SW 101ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: VAN WINKLE, JOHN
Address: 7021 KING STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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
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: JOHN WEIDNER

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date