

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756843

FILED
Mar 28, 2007
Secretary of State

Entity Name: CAPITOL CITY HOUSEHOLDING CORPORATION OF SIGMA PHI EPSILON

Current Principal Place of Business:

1936 HERITAGE GROVE CIRCLE
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10268
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 52-1240641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADIGAN, TERRELL C.
1052 SUMMER BROOK DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

MADIGAN, TERRELL C
1052 SUMMER BROOK DR
TALLAHASSEE, FL 32312 US

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: TERRELL C. MADIGAN

03/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MADIGAN, TERRELL C.,
Address: 305 S. GADSEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HEMPHILL, PEARL
Address: 215 S. MONROE STREET, THIRD FLOOR
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: NORMAN, DAVID W
Address: 2621 NOBLE DR
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MORRIS, KEN
Address: 4000 BOTHWELL TERRACE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MADIGAN, TERRELL C
Address: 1052 SUMMER BROOK DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: HEMPHILL, DEARL
Address: 215 S. MONROE STREET, THIRD FLOOR
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD (X) Change () Addition
Name: NORMAN, DAVID W
Address: 2621 NOBLE DR
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID W. NORMAN

TD

03/28/2007

Electronic Signature of Signing Officer or Director

Date