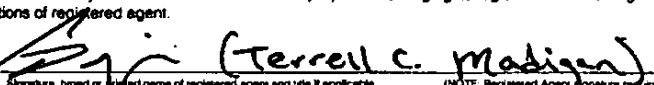
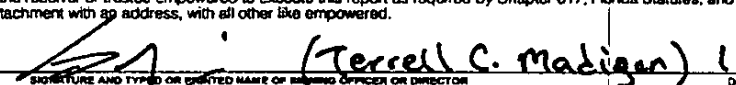


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-28-2008 90047 047 ****61.25

DOCUMENT # 756843					
1. Entity Name CAPITOL CITY HOUSEHOLDING CORPORATION OF SIGMA PHI EPSILON					
Principal Place of Business 1936 HERITAGE GROVE CIRCLE TALLAHASSEE, FL 32304 US			Mailing Address P O BOX 10268 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-1240641	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MADIGAN, TERRELL C 1052 SUMMER BROOK DR 215 E. Tharpe St. TALLAHASSEE, FL 32342 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  (Terrell C. Madigan) 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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADIGAN, TERRELL C 1052 SUMMER BROOK DR Summerbrook Dr. TALLAHASSEE, FL 32312 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPHILL, DEARL 215 S. MONROE STREET, THIRD FLOOR TALLAHASSEE, FL 32301 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORMAN, DAVID W 2621 NOBLE DR TALLAHASSEE, FL 32308 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, KEN 4000 BOTHWELL TERRACE TALLAHASSEE, FL 32317 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas James Grigsby 2144 Heathrow Road Tallahassee, FL 32312 ☐ Change ☒ Addition Director				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharp, Lawrence J. 2518 Blarney Drive Tallahassee, FL 32309 ☐ Change ☒ Addition Director				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Huguin, Mike 3640 Pine Tip Road Tallahassee, FL 32312 ☐ Change ☒ Addition Director				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (Terrell C. Madigan) 1-9-08 850 224 8623 SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Daytime Phone #					

66001948



01092008 Chg-NP CR2E037 (12/08)