2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 756843

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
215 E. THARPE ST
TALLAHASSEE, FL 32303 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:	PD	( ) Delete
Name:	MADIGAN, TERRELL C	
Address:	1052 SUMMERBROOK DR	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	HEMPHILL, DEARL	
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 32308	
Title:	D	( ) Delete
Name:	MORRIS, KEN	
Address:	4000 BOTHWELL TERRACE	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	D	( ) Delete
Name:	GRIGBY, THOMAS J	
Address:	2144 HEATHROW ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	SHARP, LAWRENCE J	
Address:	2518 BLARNEY DR	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	MADIGAN, TERRELL C	
Address:	POST OFFICE BOX 10321	
City-St-Zip:	TALLAHASSEE, FL 32302	
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:		
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: TERRELL C. MADIGAN PD 01/08/2009

Electronic Signature of Signing Officer or Director — Date