

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756843

FILED
Feb 16, 2011
Secretary of State

Entity Name: CAPITOL CITY HOUSEHOLDING CORPORATION OF SIGMA PHI EPSILON

Current Principal Place of Business:

215 E. THARPE ST
TALLAHASSEE, FL 32303 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
Name: MADIGAN, TERRELL C
Address: POST OFFICE BOX 10321
City-St-Zip: TALLAHASSEE, FL 32302

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

Title: TD
Name: NORMAN, DAVID W
Address: 2621 NOBLE DR
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: D
Name: GRIGBY, THOMAS J
Address: 2144 HEATHROW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: SHARP, LAWRENCE J
Address: 2518 BLARNEY DR
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. NORMAN

TD

02/16/2011

Electronic Signature of Signing Officer or Director

Date