## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#764523** 

FILED Feb 06, 2007 Secretary of State

Entity Name: FLORIDA EPSILON CHAPTER OF SIGMA ALPHA EPSILON HOUSING CORPORATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4321 GREEK PARK DRIVE ORLANDO, FL 32816 **Current Mailing Address: New Mailing Address:** 4321 GREEK PARK DRIVE ORLANDO, FL 32816 FEI Number: 59-2968064 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HESS, MIKE CPA 915 OUTER ROAD SUITE 100 ORLANDO, FL 32814 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HALL, LINDA J HALL, LINDA J Name: Name: 9950 LINGWOOD TR Address: 9950 LINGWOOD TR Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817 US Title: Title: (X) Change ( ) Addition ( ) Delete HESS, MIKE Name: HESS, MIKE Name: Address: 5117 FENWOOD LANE Address: 5117 FENWOOD LANE City-St-Zip: ORLANDO, FL 32814 City-St-Zip: ORLANDO, FL 32814 US ( ) Delete Title: Title: (X) Change ( ) Addition PINN, MIKE PINN, MIKE Name: Name: Address: 5754 MAGNOLIA BLOOM Address: 5754 MAGNOLIA BLOOM City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: ZOOCK, STUART Address: Address: 729 MINERVA LANE City-St-Zip: City-St-Zip: LAKE MARY, FL 32746 US Title: () Delete Title: ( ) Change (X) Addition BALESTRIERE, RICHARD Name: Name: 14722 SAPODILLA Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32828 US Title: () Delete Title: ( ) Change (X) Addition **TULLIS. TERRY** Name: Name: Address: Address: 4225 HEMLOCK LANE TITUSVILLE, FL 32780 US City-St-Zip: 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: MIKE HESS T 02/06/2007