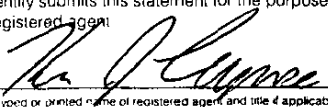
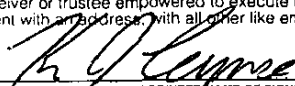


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90030 041 ****61.25

DOCUMENT # 770604 1. Entity Name FLORIDA ALPHA ALUMNI OF SIGMA PHI EPSILON, INC.					
Principal Place of Business 5 FRATERNITY ROW GAINESVILLE, FL 32603			Mailing Address PO BOX 12182 GAINESVILLE, FL 32604		
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		Country		01242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6141908				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CATLEDGE, LEE 5414 NW 69TH LANE GAINESVILLE, FL 32653			Name LEYNSE, KEN		
			Street Address (P.O. Box Number is Not Acceptable) 15373 Roosevelt Blvd		
			Suite 200		
			City Clearwater		FL 33760
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 				02/05/08	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SICCARDI, ARTHUR J 580 BRANTLEY TERRACE WAY #308 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SMITH, DANIEL 6700 ROSEMARY LANE CHARLOTTE, NC 282107017		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD CATLEDGE, LEE 5414 NW 69TH LANE GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD LEYNSE, KEN 15373 ROOSEVELT BLVD #200 CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PLUM, MIKE 1241 LAKE ELBERT DRIVE WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CLAYTON, JAMES 111 SE 1ST AVENUE GAINESVILLE, FL 32601		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOTHE, DAVID 463 PICASSO DRIVE NOKOMIS, FL 34275		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: 		Ken J Leynse		2/05/08 727-539-8054	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					