

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90342 012 ****61.25

DOCUMENT # N00000002196 1. Entity Name GAMMA CHI CHAPTER INCORPORATED OF PHI SIGMA PI NATIONAL HONOR FRATERNITY			
Principal Place of Business P.O. BOX 163245 ORLANDO, FL 32816-3245		Mailing Address P.O. BOX 163245 ORLANDO, FL 32816-3245	
2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 621795 City & State Oviedo FL Zip 32762		3. Mailing Address Suite, Apt. #, etc. P.O. Box 621795 City & State Oviedo FL Zip 32762	
Country United States		Country United States	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANDOFINO, JACLYN M 2296 RIVER PARK CIR. #1112 ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name McCormack, Monica Street Address (P.O. Box Number is Not Acceptable) 1341 Northgate Circle #201 City Oviedo FL ^{7 in Florida} 32765	
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 <u><i>Monica P. McCormack</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Recording Secretary <u><i>4/27/04</i></u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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-ST-ZIP	V YANKOWICH, ASHLEY 2296 RIVER PARK CIR., APT. 1112 ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Yankowich, Ashley 307 wild olive Lane Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YONINKS, SIMON 3617 BELLINGTON DR. ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Einhorn, Lauren 9530 NW 20 Place sunrise, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPPAPORT, RACHEL 3733 N. GOLDENROD RD., APT. 804 WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Rappaport, Rachel 3733 N. Goldenrod Rd. Apt. 816 Winter Park, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DISALVO, SHARI 1341 NORTHGATE CIR., APT. 201 OVIDO, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Payne, Theresa 912 River Rapids Ave. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, DAN 4266 SPOLETO CR. APT 204 OVIDO, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Angelou, Leila 1253 Kings Knight Way #203 Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUSCOE, DANA 798 WEST LUDLUM DRIVE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Hoskins, Emily 10849 Heather Ridge Cir Apt 208 Orlando, FL 32817
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ashley Yankowich</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/24/04</i></u> <u><i>407-739-5996</i></u> <small>Date Daytime Phone #</small>	