2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State
09-05-2003 90112 001 ****61.25

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DOCUMENT # N00000002196

1. Entity Name

GAMMA CHI CHAPTER INCORPORATED OF PHI SIGMA PI N ATIONAL HONOR FRATERNITY

Principal Place of Business	Mailing Address
P.O. BOX 163245 ORLANDO FL 32816-3245	P.O. BOX 163245 ORLANDO FL 32816-3245

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMNER, LAURA
8152 BUCKSAW DRIVE
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name: Brandofino, Jaclyn M.
Street Address (P.O. Box Number is Not Acceptable): 2296 River Park Cir. #1112
City: Orlando FL Zip Code: 32817

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: Jaclyn M Brandofino Jaclyn M. Brandofino 09/02/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003 min will be $236.25

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-ST-ZIP	D ENGERON, TARA 3007 WHISPER LAKE LANE APT H WINTER PARK FL 32792	☑ Delete	V Yankowich, Ashley 2296 River Park Cir. Apt 1112 Orlando FL 32817	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NG, JIMMY 4302 RED KNIGHT WAY APT 208 ORLANDO FL 32817	☑ Delete	C Yonicks, Simons 3617 Bellington Dr. Orlando, Fl. 32835	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIEDRICH, KELLY 3007 WHISPER LAKE LANE APT H WINTER PARK FL 32792	☐ Delete	P Rappaport, Rachel 3733 N. Goldenrod Rd. Apt. 904 Winter Park Fl 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REICH, ALICIA 1660 ASHLAND TRAIL OVIEDO FL 32765	☑ Delete	T DiSalvo, Shari 1341 Northgate Cir. Apt 201 Oviedo Fl 32765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DOMENECH, LAUREN 1660 ASHLAND TRAIL OVIEDO FL 32765	☑ Delete	C Smith, Dan 4266 Spoleto Cr. Apt 204 Oviedo, Fl. 32765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C AVITABILE, MAYGAN 9417 EMILY LOOP APT 204 ORLANDO FL 32817	☑ Delete	C Ruscoe, Dana 798 West Ludlum Dr. Deltona Fl. 32725	☐ Change ☑ Addition

CR2E037 (4/03)

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: SIGNATURE REQUIRED Ashley Yankowich 9/2/03 (407) 739-5996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #