

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009852

FILED
Mar 24, 2008
Secretary of State

Entity Name: CHI SIGMA OF THE FLORIDA KEYS INC

Current Principal Place of Business:

811 MADRID ROAD
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 1533
TAVERNIER, FL 33070

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, DONNA
8 NORTH BOUNTY LANE
KEY LARGO, FL 33037 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: P () Delete
Name: MCCORMICK, MARCIA
Address: 811 MADRID ROAD
City-St-Zip: KEY LARGO, FL 33037 US

Title: VP () Delete
Name: PINDER, BARBARA
Address: 141 N AIRPORT ROAD
City-St-Zip: TAVERNIER, FL 33070 US

Title: SEC () Delete
Name: SAVINO, LAARNI
Address: 103 REDWING ROAD
City-St-Zip: TAVERNIER, FL 33070 US

Title: TRES () Delete
Name: WEBB, DONNA
Address: 8 NORTH BOUNTY LANE
City-St-Zip: KEY LARGO, FL 33037 US

Title: SEC () Delete
Name: ANNA, RICHARDS
Address: 193 HIBISCUS STREET
City-St-Zip: TAVERNIER, FL 33070 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA R WEBB

TRES

03/24/2008

Electronic Signature of Signing Officer or Director

Date