

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010451

FILED
Feb 17, 2007
Secretary of State

Entity Name: SIGMA BETA SORORITY INC EPSILON NU CHAPTER

Current Principal Place of Business:

7627 PINE HOLLOW CT.
ORLANDO, FL 32822

New Principal Place of Business:

5045 RED BAY DRIVE
ORLANDO, FL 32829

Current Mailing Address:

7627 PINE HOLLOW CT.
ORLANDO, FL 32822

New Mailing Address:

5045 RED BAY DRIVE
ORLANDO, FL 32829

FEI Number: 90-0227843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLOWERS, MICHELLE
7627 PINE HOLLOW CT.
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

SWOSZOWSKI, NOREEN
5045 RED BAY DRIVE
ORLANDO, FL 32829 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: NOREEN F. SWOSZOWSKI

02/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORGAN, CAROLYN J
Address: 5606 CHANNING DR.
City-St-Zip: ST. CLOUD, FL 34772

Title: VD () Delete
Name: HERNDON, BARBARA
Address: 7505 RIO PINAR LAKES BLVD.
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: SWOSZOWSKI, NOREEN F
Address: 5945 RED BAY DR.
City-St-Zip: ORLANDO, FL 32829

Title: TD () Delete
Name: FLOWERS, MICHELLE
Address: 7627 PINE HOLLOW CT.
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: SCHREINER, LINDA
Address: 8275 MT RIGA RD.
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: FLOWERS, MICHELLE
Address: 7627 PINE HOLLOW CT.
City-St-Zip: ORLANDO, FL 32822

Title: TD (X) Change () Addition
Name: SWOSZOWSKI, NOREEN
Address: 5045 RED BAY DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: () Change () Addition
Name:
Address:
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: NOREEN F. SWOSZOWSKI

TD

02/17/2007

Electronic Signature of Signing Officer or Director

Date