

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011129					
1. Entity Name SIGMA NU BETA, INCORPORATED					
Principal Place of Business 307 COCHRAN RD CHATTAHOOCHEE, FL 32324			Mailing Address 307 COCHRAN RD CHATTAHOOCHEE, FL 32324		
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	4. FEI Number	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JILES, LATASHA M 307 COCHRAN RD CHATTAHOOCHEE, FL 32324			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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			DATE <u>5/1/2007</u>		
Filing Fee is \$61.25 Due by May 1, 2007			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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JILES, LATASHA		NAME		
STREET ADDRESS	307 COCHRAN RD		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, FELECIA		NAME		
STREET ADDRESS	2421 JACKSON BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, CIARA		NAME		
STREET ADDRESS	1128 OCALA RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWSON, KEIRSTEN		NAME		
STREET ADDRESS	2421 JACKSON BLUFF RD APT 221-C		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, RUTHIE		NAME		
STREET ADDRESS	307 COCHRAN RD		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALL, KIARA		NAME		
STREET ADDRESS	307 COCHRAN RD		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		CITY-ST-ZIP		
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:			DATE <u>5/1/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

FILED
07 MAY -1 AM 8:44
CLERK OF STATE
TALLAHASSEE, FLORIDA



05012007 Chg-NP CR2E037 (12/06)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE DATE 5/1/2007

Filing Fee is **\$61.25**
Due by **May 1, 2007**
9. Election Campaign Financing
Trust Fund Contribution. ☐
\$5.00 May Be Added to Fees
Make check payable to
Florida Department of State

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CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: DATE 5/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #