

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012722

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** SIGMA PHI EPSILON FL XI ALUMNI VOLUNTEER CORPORATION

**Current Principal Place of Business:**

7955 PICKLEWOOD PARK DR.  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

7955 PICKLEWOOD PARK DR.  
BOYNTON BEACH, FL 33437

**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:**

ORCHARD, STEPHEN P  
127 NE 2ND AVE.  
DELRAY BEACH, FL 33444 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  
Name: DICKINSON, BEN  
Address: 1212 SW 46TH TER.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CC  
Name: CUSTODIO, NATHAN  
Address: 1209 S. OLEANDER ST.  
City-St-Zip: LONGWOOD, FL 32750

Title: VP  
Name: HAYCOCK, DAVID  
Address: 7955 PICKLEWOOD PARK DR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T  
Name: SHAUL, BENJAMIN  
Address: 2203 MARINER CT  
City-St-Zip: FT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN SHAUL

T

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date