

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011439

FILED
Mar 17, 2008
Secretary of State

Entity Name: SIGMA CHAPTER, CHI ETA PHI SORORITY, INC

Current Principal Place of Business:

5107 SECURITY DRIVE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5107 SECURITY DRIVE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2902343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE HOUSE OF TAXES, LLC
15108 HEATHRIDGE DRIVE
TAMPA, FL 33625 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: RODGERS, ANNETTE
Address: 5107 SECURITY DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: CHAPMAN-SCOTT, GLORIA
Address: 11678 JACOB LOIS COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: LAURAY, WILMA
Address: PO BOX 9536
City-St-Zip: JACKSONVILLE, FL 33308

Title: T () Delete
Name: SHUMAN, BARBARA
Address: 4297 FRANCIS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: B () Delete
Name: COLEMAN, ARLENE
Address: 1448 RAVEN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: O () Delete
Name: BARGERON, HELEN
Address: 1173 W 10TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: CHARLES HENDERSON

RA

03/17/2008

Electronic Signature of Signing Officer or Director

Date