

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: SIGMA CHI ALUMNI ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

3911 CATTAIL POND DRIVE
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3911 CATTAIL POND DRIVE
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 27-4523005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, S. GRIER ESQ.
50 NORTH LAURA STREET, SUITE 1100
JACKSONVILLE, FL 32202 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: D
Name: STIMPSON, DAVID L
Address: 3911 CATTAIL POND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: WELLS, S. GRIER
Address: 1081 ARBOR LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: MERTEN, STEVE
Address: 4023 CHICORA WOOD PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: HENDRICKSON, STEVEN
Address: 1401 RIVERPLACE BLVD., #2909
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: MCGRAW, III, DANE E
Address: 2008 NORTH CRANBROOK AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: S. GRIER WELLS

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date