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Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21949 (5)

1. Corporation Name

GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

10717 SW 104TH ST
MIAMI FL 3317610717 SW 104TH ST
MIAMI FL 33176-81623. Date Incorporated or Qualified
08/07/19873a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1320 TIDAL POINTE BLVD.
Suite, Apt. #, etc.26 1320 TIDAL POINTE BLVD
Suite, Apt. #, etc.4. FEI Number
65-0004233Applied For
Not Applicable22 City & State
JUPITER, FL27 City & State
JUPITER, FL5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required23 Zip
33477Country
USA28 Zip
33477Country
USA6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDOVICI, EDWARD P.
17047 SO DIXIE HWY
MIAMI FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME KENT, ERNEST W.
STREET ADDRESS 7985 SW 86TH ST. #401
CITY-ST-ZIP MIAMI FL11 TITLE DP ☒ Change ☐ Addition
12 NAME PICKERING, THEODORE H. JR.
13 STREET ADDRESS 1320 TIDAL POINTE BLVD.
14 CITY-ST-ZIP JUPITER, FL 33477TITLE DVP ☐ DELETE
NAME VALERIANI, NICHOLAS P.
STREET ADDRESS 3515 GLENCOE ST.
CITY-ST-ZIP MIAMI FL21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME BENEFIELD, WM H
STREET ADDRESS 1261 ALGARDI AVE
CITY-ST-ZIP CORAL GABLES FL31 TITLE SD ☒ Change ☐ Addition
32 NAME STANTON, CHRIS
33 STREET ADDRESS 9340 SW 178 STREET
34 CITY-ST-ZIP MIAMI, FL 33157TITLE TD ☒ DELETE
NAME NACCARATO, NAT
STREET ADDRESS 17002 S.W. 79TH PLACE
CITY-ST-ZIP MIAMI FL41 TITLE TD ☒ Change ☐ Addition
42 NAME BENEFIELD, HARVEY
43 STREET ADDRESS 1261 ALGARDI AVE
44 CITY-ST-ZIP CORAL GABLES, FL 33146TITLE D ☐ DELETE
NAME CALLANDER, RALPH
STREET ADDRESS 4920 S.W. 76TH ST.
CITY-ST-ZIP MIAMI FL51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FERNANDEZ, JOE
STREET ADDRESS 5395 NW 38TH ST.
CITY-ST-ZIP MIAMI FL61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theodore H. Pickering, Jr. Theodore H. Pickering, Jr. 3/27/97 54-775-0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000110

CR2E037 (9/96)