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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21949

1. Corporation Name

GREATER MIAMI KAPPA SIGMA ALUMNI ASSOCIATION, IN C.

Principal Place of Business

1320 TIDAL POINTE BLVD
JUPITER FL 33477
US

Mailing Address

1320 TIDAL POINTE BLVD
JUPITER FL 33477
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/07/1987

4. FEI Number

65-0004233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME DP
PICKERING, THEODORE H. JR
STREET ADDRESS 1320 TIDAL POINTE BLVD
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME DVP
VALERIANI, NICHOLAS P.
STREET ADDRESS 3515 GLENCOE ST.
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME SD
STANTON, CHRIS
STREET ADDRESS 9340 SW 178 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME TD
BENEFIELD, HARVEY
STREET ADDRESS 1261 ALGARDI AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME D
CALLANDER, RALPH
STREET ADDRESS 4920 S.W. 76TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
FLYNNE THOMAS E
STREET ADDRESS 251 BUTTWOOD DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S/D
EDDY PEREIRA, SR
10315 S.W. 25TH STREET
MIAMI, FL 33165

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Theodore H. Pickering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)