

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24670**

1. Entity Name  
**THETA ALPHA HOUSE CORPORATION OF SIGMA NU  
FRATERNITY, INC.**



Principal Place of Business

**1502 W FLETCHER AVE  
#101  
TAMPA, FL 33612**

Mailing Address

**1502 W FLETCHER AVE  
#101  
TAMPA, FL 33612**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2872680**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FARR, JAMES G  
1502 W FLETCHER AVE  
#101  
TAMPA, FL 33612**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000589198

01/18/07-20005-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARR, JAMES G
STREET ADDRESS	1502 W FLETCHER AVE #101
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	GREER, JOHN C. JR.
STREET ADDRESS	2115 MAGDELENE MANOR DR.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	PARRINO, JACK
STREET ADDRESS	5128 N. HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	LUCAS, ALAN L
STREET ADDRESS	18520 OLEY RIDGE COURT
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	SANTANA, CHARLES, M
STREET ADDRESS	500 N. WESTSHORE BLVD
CITY-ST-ZIP	BRANDON, FL
TITLE	D
NAME	HULT, FRANK A.
STREET ADDRESS	14304 PROMONTORY PT.
CITY-ST-ZIP	TAMPA, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*James G Farr* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

Date

813-962-0548 x309

Daytime Phone #