

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27516

FILED
Apr 17, 2008
Secretary of State

Entity Name: SIGMA KAPPA HOUSE, INC.

Current Principal Place of Business:

503 W. PARK
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1052
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-3404256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, CHERYL G
3012 MEGINNIS ARM RD
TALLAHASSEE, FL 32312 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: PD () Delete
Name: BEHNKE, JENNIFER
Address: 1701 NE 127TH STREET
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: VD () Delete
Name: CAVANY, ADRIA
Address: 831 LAUREL STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: TD () Delete
Name: BURKE, CHERYL G
Address: 3012 MEGINNIS ARM RD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: SD () Delete
Name: VANOVER, KIMBERLY
Address: 506 MARK RUN
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D () Delete
Name: SHRUM, HEATHER
Address: 108 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: GUARD, CHRISTINE
Address: 2906 CAPITAL PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEHNKE, JENNIFER
Address: 5407 SOMBRA DEL LAGO
City-St-Zip: TALLAHASSEE, FL 32303 US

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: D (X) Change () Addition
Name: CARROLL, DAWN
Address: 1020D CIRCLE TERRACE EAST
City-St-Zip: DELRAY BEACH, FL 33445 US

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: CHERYL G BURKE

TD

04/17/2008

Electronic Signature of Signing Officer or Director

Date