

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33554 (9)
1. Corporation Name
ZETA BETA CHAPTER OF SIGMA PI INTERNATIONAL, INC



Principal Place of Business Mailing Address
C/O EMBRY RIDDLE AERONAUTICAL UNIVERSITY DAYTONA BEACH FL 32114 **C/O EMBRY RIDDLE AERONAUTICAL UNIVERSITY DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified **08/02/1989** 3a. Date of Last Report **03/30/1995**
4. FEI Number **31-1207369** ☒ 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

TRILLOW, DALE
1795 JAMES STREET
SOUTH DAYTONA FL 32019

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 Dale Trillow Date Trillow 2-21-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, SCOTT	
STREET ADDRESS	EMBRY RIDDLE STUDENT	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LIBERTO, PATRICK	
STREET ADDRESS	EMBRY RIDDLE STUDENT	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, MICHAEL	
STREET ADDRESS	EMBRY RIDDLE STUDENT	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, MATT	
STREET ADDRESS	EMBRY RIDDLE STUDENT	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, PAUL	
STREET ADDRESS	EMBRY RIDDLE STUDENT	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOETTER, CHRIS	
STREET ADDRESS	EMBRY RIDDLE STUDENT	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gordon, Michael	
1.3 STREET ADDRESS	Embry Riddle Student	
1.4 CITY - ST - ZIP	Daytona Beach FL 32114	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brown, Andrew	
2.3 STREET ADDRESS	Embry-Riddle Student	
2.4 CITY - ST - ZIP	Daytona Beach FL 32114	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Williams, Jason	
3.3 STREET ADDRESS	Embry Riddle Student	
3.4 CITY - ST - ZIP	Daytona Beach FL 32114	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Perry, Kevin	
4.3 STREET ADDRESS	Embry-Riddle Student	
4.4 CITY - ST - ZIP	Daytona Beach FL 32114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Siecherer, Michael	
5.3 STREET ADDRESS	Embry Riddle Student	
5.4 CITY - ST - ZIP	Daytona Beach FL 32114	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Buckwalter, Jeremy	
6.3 STREET ADDRESS	Embry Riddle Student	
6.4 CITY - ST - ZIP	Daytona Beach FL 32114	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jason Williams, Treasurer 1-26-96 (904) 257-4376
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)