

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90022 032 \*\*\*\*61.25

DOCUMENT # *N33554*

1. Corporation Name

*Zeta Beta Chapter of Sigma Pi International, Inc.*

Principal Place of Business

*615 S. Palmetto Ave  
Daytona Beach, FL 32114*

Mailing Address

*615 S. Palmetto Ave  
Daytona Beach, FL 32114*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		2125/84	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		592973957	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Dale Trillon 1720 James St. South Daytona, FL 32119				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 Trillon*

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON Williams (President)	1.2 NAME	Michael A. Brown (President)
STREET ADDRESS	615 S. Palmetto Ave	1.3 STREET ADDRESS	615 S. Palmetto Ave
CITY-ST-ZIP	Daytona Beach, FL 32114	1.4 CITY-ST-ZIP	Daytona Beach FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Hoose (Vice-President)	2.2 NAME	Scott Lindquist (Vice-President)
STREET ADDRESS	615 S. Palmetto Ave	2.3 STREET ADDRESS	615 S. Palmetto Ave
CITY-ST-ZIP	Daytona Beach, FL 32114	2.4 CITY-ST-ZIP	Daytona Beach FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Lindquist (Treasurer)	3.2 NAME	Jeffrey Yenick (Treasurer)
STREET ADDRESS	615 S. Palmetto Ave	3.3 STREET ADDRESS	615 S. Palmetto Ave
CITY-ST-ZIP	Daytona Beach, FL 32114	3.4 CITY-ST-ZIP	Daytona Beach FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caruelo Marino (Secretary)	4.2 NAME	Robert Mensinger (Secretary)
STREET ADDRESS	615 S. Palmetto Ave	4.3 STREET ADDRESS	615 S. Palmetto Ave
CITY-ST-ZIP	Daytona Beach, FL 32114	4.4 CITY-ST-ZIP	Daytona Beach FL 32114
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Scott Lindquist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

904-255-6712

Daytime Phone

CR2E037 (1/98)