SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:39

DOCUMENT # N46080 (0)

1. Corporation Name
SIGMA CHI OMEGA, INC.

Principal Place of Business
% ROBERT B. MITCHELL
3600 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
P.O. BOX 51388
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-3192453 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2904 ST. JOHNS BLUFF RD S10 A1A N
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE, FL
Zip 24 32246 Country 25 USA

2a. Mailing Address c/o ROBERT B. MITCHELL
Suite, Apt. #, etc.
27
City & State
28 PONTE VEDRA, FL
Zip 29 32004 Country 30 USA

9. Name and Address of Current Registered Agent
MOORE, TERRY A.
50 N. LAURA STREET
SUITE 3100
JACKSONVILLE FL 32201

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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ROBERT B	1.2 NAME	
STREET ADDRESS	7737 WILDWOOD WAY	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALSH, MARK	2.2 NAME	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3100	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	GOWEN, WILLIAM G.	3.2 NAME	
STREET ADDRESS	9138 AGINCOURT LANE	3.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32256	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LANDRY, JAMES	4.2 NAME	
STREET ADDRESS	4039 HARBOUR COVE DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32225	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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: _____ 6-14-95 904-273-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0002206