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May 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000000368 (0)

1. Corporation Name

THE FLORIDA IOTA ALUMNI CORPORATION OF THE SIGMA  
PHI EPSILON FRATERNITY

Principal Place of Business

Mailing Address

4202 E. FOWLER AVENUE  
CTR BOX 2525  
TAMPA FL 33620

4202 E. FOWLER AVENUE  
CTR BOX 2525  
TAMPA FL 33620-9900

3. Date Incorporated or Qualified  
01/26/1994

3a. Date of Last Report  
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMINSKY, THOMAS F  
SIGMA PHI EPSILON  
4202 E. FOWLER AVENUE  
TAMPA FL 33620

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

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 PD ☐ DELETE  
NAME KAMINSKY, THOMAS F  
STREET ADDRESS 9424 LARKBUNTING DRIVE  
CITY-ST-ZIP TAMPA FL 33647

TITLE TD ☐ DELETE  
NAME JONES, DAVID  
STREET ADDRESS 3607 SAN PEDRO  
CITY-ST-ZIP TAMPA FL 33629

TITLE VPD ☐ DELETE  
NAME NOVAK, BOB  
STREET ADDRESS 3450 PALENCIA DRIVE  
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☒ DELETE  
NAME O'CONNOR, KEVIN  
STREET ADDRESS 14500 46TH STREET NORTH  
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ DELETE  
NAME O'CONNOR, KEVIN  
STREET ADDRESS 5700 Saddlebrook Way  
CITY-ST-ZIP Wesley Chapel FL 33543

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DANIELLE, JEREMY L ☐ Change ☒ Addition  
1.2 NAME 15420 LIVINGSTON AVE APT 2709  
1.3 STREET ADDRESS LUTZ, FL 33549  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

4-20-97

973-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049511

CR2E037 (9/96)