

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001864 (6)

1. Corporation Name

THE FLORIDA STATE COLONY ALUMNI OF DELTA SIGMA P
HI FRATERNITY INCORPORATED



Principal Place of Business

Mailing Address

2133 MERIDIAN AVE.
MIAMI BEACH FL 33139

2133 MERIDIAN AVE.
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

PIMENTEL, JAMIE R
2133 MERIDIAN AVE.
MIAMI BEACH FL 33139

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME PIMENTEL, JAMIE
STREET ADDRESS 1303 OCALA RD., #246
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE C/P/S/M/D ☒ Change ☐ Addition
1.2 NAME Pimentel, Jamie
1.3 STREET ADDRESS 2133 Meridian Ave
1.4 CITY-ST-ZIP Miami Beach, FL 33139

TITLE D ☐ DELETE
NAME RAY, BRIAN D
STREET ADDRESS 737 GOLD NUGGET TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32304

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME RAY, BRIAN D
2.3 STREET ADDRESS 737 GOLD NUGGET TRAIL
2.4 CITY-ST-ZIP Tallahassee, FL 32304

TITLE ~~STONE, SHAWN E~~ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME STONE, SHAWN E
3.3 STREET ADDRESS 355 HARBOR LN
3.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME KROOG, KENNETH BERNARD III
4.3 STREET ADDRESS 302 N. 5th ST.
4.4 CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME WELLS, DAVID L
5.3 STREET ADDRESS 1016 SUNSET RD.
5.4 CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME CRISAFULLI, DANIEL J
6.3 STREET ADDRESS 8974 WILLOWOOD LN.
6.4 CITY-ST-ZIP SEMINOLE, FL 33446

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

(305) 531-8449

Daytime Phone #

CR2E037 (12/95)