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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000005289 (1)

1. Corporation Name

**ZETA ZETA HOUSE CORPORATION OF THE SIGMA NU FRAT
ERNITY, INC.**



Principal Place of Business

Mailing Address

**956 W JEFFERSON ST
TALLAHASSEE FL 32311**

**1819 EASTON FOREST DR
TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

59-3417748

Applied For

Not Applicable

2. Principal Place of Business

1819 EASTON FOREST DR.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

Zip

32311

Country

U.S.

Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTTON, WILLIAM F JR
1819 EASTON FOREST DR
TALLAHASSEE FL 32311**

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 **PD** ☒ DELETE
NAME **SICKMON, PAUL J**
STREET ADDRESS **14104 CRAGGY CLIFF STREET**
CITY-ST-ZIP **TAMPA FL 33625**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **BRIAN GUNDERSON**
1.3 STREET ADDRESS **19503 WYNDMILL CIRCLE**
1.4 CITY-ST-ZIP **ODESSA, FLORIDA 33556**

TITLE **TD** ☒ DELETE
NAME **SUTTON, MICHAEL S**
STREET ADDRESS **4400 PGA BOULEVARD, STE 600**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

2.1 TITLE **T/D** ☒ Change ☐ Addition
2.2 NAME **MATT GOOLSBY**
2.3 STREET ADDRESS **4587 KINGSGATE DRIVE**
2.4 CITY-ST-ZIP **ATLANTA, GEORGIA 30338**

TITLE **SD** ☐ DELETE
NAME **STANSBURY, JAMES D**
STREET ADDRESS **2808 CAVAN DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32808**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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]*

JAMES D. STANSBURY 4/21/98 (850) 222-1010

CP2E037 (10/97)